ROLE OF PSYCHOSOCIAL SUPPORT ECOSYSTEMS IN MITIGATING PSYCHOLOGICAL DISTRESS AMONG BEREAVED STREET FAMILIES IN ELDORET CITY, KENYA

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DECLARATION

I declare that this document and the research that it describes are my original work and that they have not been presented in any other university for academic work.

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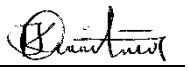

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DEDICATION

I dedicate this work to my beloved parents, Joseph Kolebech and Philomena Marsh Kolebech, for their unwavering love, guidance, and support. To my dear siblings, thank you for your constant encouragement and belief in me. I also dedicate this to my wonderful nephews and niece. May this serve as a reminder that you, too, can achieve anything you set your minds to. Finally, I lovingly dedicate this work to the cherished memory of my grandmother, who deeply believed in the value of education and continually encouraged me to pursue higher learning. This achievement is a tribute to her enduring legacy.

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ABSTRACT

Bereavement among street families occurs within conditions of homelessness, poverty, violence, discrimination, social exclusion and limited access to formal psychosocial care, increasing vulnerability to psychological distress. This study examined the role of psychosocial support ecosystems in mitigating psychological distress among bereaved street families in Eldoret City, Kenya. Specifically, it examined the level of psychological distress and the roles of government and non-governmental interventions, as well as community support. The study was guided by Ecological Systems Theory (Bronfenbrenner, 1979) and Social Support Theory (Cassel, 1976; Cobb, 1976; House, 1981). A mixed-methods approach using a convergent parallel design was adopted. The study involved 91 participants, comprising 79 bereaved street-family members and 12 key informants from government departments, faith institutions, hospitals and non-governmental organisations. Data were collected using a structured interview schedule, a key informant interview guide, and an observation checklist. Quantitative data were analysed using descriptive and inferential statistics with SPSS version 26, while qualitative data were analysed thematically. The findings revealed a moderate level of psychological distress among bereaved street families (weighted mean = 3.44), with substance use emerging as the most pronounced indicator of distress ($M = 4.34$, $SD = 1.04$). Respondents reported employing both adaptive and maladaptive coping strategies, providing contextual insights into their responses to bereavement. Government interventions were perceived to have a low contribution towards mitigating psychological distress (weighted mean = 2.23), while non-governmental interventions were perceived to contribute moderately (weighted mean = 2.65). Community support also recorded a low perceived contribution (weighted mean = 2.23), reflecting challenges associated with stigma, discrimination, inconsistent assistance, and weak coordination of support systems. Pearson's correlation analysis revealed statistically significant positive relationships between psychological distress and government interventions ($r = .40$, $p < .001$), non-governmental interventions ($r = .34$, $p = .002$), and community support ($r = .70$, $p < .001$), with community support demonstrating the strongest association. Qualitative findings further revealed fragmented psychosocial services, inconsistent access to support, and inadequate coordination among service providers. The study concludes that psychosocial support ecosystems are important but fragmented, inconsistent and under-resourced. The study recommends strengthening trauma-informed counselling services, enhancing multisector collaboration among government and non-governmental actors, reducing stigma through community awareness programs, expanding outreach services, and developing inclusive bereavement support policies for street-connected populations in Kenya and similar settings.

DEFINITION OF TERMS

Bereavement: For this study, bereavement is operationalised as the experience of loss and mourning among street families.

Psychological Distress: For this study, psychological distress refers to the emotional, cognitive, behavioural, physiological, and trauma-related symptoms exhibited by bereaved street families following the loss of a loved one.

Psychosocial Support Ecosystem: For this study, the psychosocial support ecosystem comprises government and non-governmental interventions, as well as community support, which collectively help mitigate psychological distress among bereaved street families.

Street Families: The term street families is operationalised as groups or individuals who live and/or work on the streets without stable housing or formal family structures. This includes children, youth, and adults who depend on street-based livelihoods in Eldoret City.

ABBREVIATIONS AND ACRONYMS

APA: American Psychological Association

AUC: African Union Commission

CSR: Corporate Social Responsibility

FBO: Faith-Based Organisation

IASC: Inter-Agency Standing Committee

IFRC: International Federation of Red Cross and Red Crescent Societies

IRB: Institutional Review Board

KCPA: Kenya Counselling and Psychological Association

KNH: Kenyatta National Hospital

KRCS: Kenya Red Cross Society

MHPSS: Mental Health and Psychosocial Support

MoH: Ministry of Health

MTRH: Moi Teaching and Referral Hospital

NACOSTI: National Commission for Science, Technology and Innovation

NGO: Non-Governmental Organisation

PTSD: Post-Traumatic Stress Disorder

SFRTF: Street Families Rehabilitation Trust Fund

SPSS: Statistical Package for the Social Sciences

UN: United Nations

UNHCR: United Nations High Commissioner for Refugees

UNICEF: United Nations Children's Fund

WHO: World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter introduces the study by presenting the background of the study, the statement of the problem, the purpose and objectives of the study, the research questions, the significance of the study, scope, delimitations, limitations, and assumptions of the study, as well as the theoretical and conceptual frameworks.

1.2 Background of the Study

Psychological distress is increasingly recognised as a major public health concern, particularly among vulnerable populations exposed to multiple forms of adversity. (Hilberdink & Bui, 2023). The World Health Organization recognizes bereavement as a key risk factors for psychological distress, which negatively affect the quality of life and well-being of an individual, particularly among marginalised populations and calls for bereavement care to be a priority across the globe (World Health Organisation, 2023). Studies in Europe and North America, among vulnerable populations such as homeless individuals, refugees, widows and bereaved parents, demonstrate that lack of emotional support increases psychological distress and may impair daily functioning (Lichtenthal et al., 2024). Similarly, research conducted among children and youth exposed to poverty, conflict, and street life in South America has reported elevated levels of psychological distress following bereavement (Gómez-Restrepo et al., 2025).

In response to the growing burden of psychological distress, psychosocial support is now an important component of mental health interventions across different populations and settings (Tol et al., 2023). The availability of psychosocial support ecosystems, comprising institutional, community, and social support structures, has been shown to

increase psychological outcomes and strengthen resilience among individuals experiencing adversity and loss (Calhoun, 2022).

In regions such as Europe, Australia, and North America, structured psychosocial interventions, including grief counselling, palliative care services, support groups, community-based mental health programs, and social welfare services, have been established to reduce psychological distress and promote psychological well-being among vulnerable populations (Better Health Channel, 2024; Davidson, 2019; Welsh Government, 2021). Similarly, international frameworks developed by the World Health Organisation and the Inter-Agency Standing Committee advocate integration of Mental Health and Psychosocial Support (MHPSS) services within healthcare and community systems to ensure that individuals experiencing adversity receive timely and appropriate support (Inter-Agency Standing Committee, 2019; United Nations High Commissioner for Refugees(UNHCR), 2024; WHO, 2021). Community-based support mechanisms, including social networks, religious institutions, and collective support groups, further complement formal interventions by providing emotional, social, and practical support that enhances coping and resilience (Näppä & Björkman-Randström, 2020).

Despite the expansion of psychosocial support interventions globally, street-connected populations remain among the most vulnerable groups due to their exposure to poverty, violence, social exclusion, exploitation, illness, and unstable living conditions (Heerde et al., 2023; United Nations Children's Fund (UNICEF), 2021). In Latin America and South Asia, the growth of street populations has been linked to economic hardship, forced displacement, and weakening family support systems (UNICEF, 2021). Individuals living in street environments frequently encounter traumatic events and recurrent experiences of loss, making bereavement a common and often destabilising

aspect of their lives (Carmichael et al., 2023). Research among bereaved children and youth in poverty, conflict, and street settings has documented high levels of psychological distress, characterised by post-traumatic stress symptoms, anxiety, depression, and behavioural difficulties (Gómez-Restrepo et al., 2025). These findings suggest that street-connected populations experience a disproportionate burden of psychological distress and therefore require comprehensive psychosocial support interventions.

Across Africa, street populations continue to grow due to poverty, family breakdown, displacement, and political instability (Mamud, 2020). The Consortium for Street Children (2026) notes that street-connected children experience multiple forms of deprivation, abuse, and marginalisation that negatively affect their psychological well-being. Studies conducted in Malawi, Tanzania, and South Africa reveal that street families frequently witness or experience sudden deaths of peers, siblings, caregivers, and other close associates, thereby increasing exposure to traumatic grief and psychological distress (Macedo et al., 2018; Worku et al., 2019). In addition, limited access to healthcare, safe housing, nutrition, and social protection further exacerbates vulnerability and perpetuates cycles of loss and emotional suffering (Fornaro et al., 2022). Research among street children in Tanzania found that stigma, neglect, and social exclusion following loss were associated with increased depressive symptoms and hopelessness (Cumber & Tsoka-Gwegweni, 2015).

In response to these challenges, street-connected populations employ various coping strategies to manage psychological distress (Hills et al., 2016). Research conducted on street children in South-Western Ethiopia found that resilience, peer relationships, spirituality, and personal resourcefulness are commonly used to cope with adversity and

enhance well-being (Urgessa Gita & Abeshu Dissasa, 2023). Similarly, studies conducted in South Africa and Nigeria found that street populations utilise both adaptive and maladaptive coping strategies, with peer support emerging as an important source of emotional support while substance use remains one of the most common maladaptive responses to stress and loss (Ezeokana et al., 2014; Hills et al., 2016). Although these coping mechanisms may provide temporary relief and emotional comfort, they are often insufficient in addressing deeper psychological and psychosocial needs among street-connected populations (Cumber & Tsoka-Gwegweni, 2015).

Beyond individual coping efforts, psychosocial support for street families in Africa is provided through a network of government agencies, non-governmental organisations, faith institutions, humanitarian agencies, and community support systems (African Union Commission, 2023). Ali and Muhammad (2025) argue that state-led interventions play a critical role in enhancing psychological support through mental health services, social welfare programs, and community-based initiatives. Similarly, the African Union Commission Mental Health Strategy and the African Framework for Mental Health and Psychosocial Support in Emergencies advocate integrating mental health and psychosocial support services into national systems to strengthen psychological well-being and resilience (African Union Commission, 2023; UNICEF, 2023). Community support also remains an important source of psychosocial care, with social networks, faith communities, and collective support structures providing emotional, practical, and spiritual assistance to individuals experiencing adversity and loss (Thomas, 2021). The ‘Ubuntu’ philosophy further emphasises collective responsibility and interconnectedness, viewing emotional suffering as a shared community concern rather than an individual burden (Eyetsemitan, 2021). Together, these formal and informal

support structures constitute an important psychosocial support ecosystem that helps mitigate psychological distress among vulnerable populations.

In Kenya, street families have become a persistent feature of urban centres and towns due to poverty, unemployment, family conflict, displacement, and socio-economic inequalities (Githaiga & Kay, 2015; Oino, 2013). Estimates indicate that the country hosts a substantial population of street children and youth who are exposed to multiple adversities associated with street life (Goodman et al., 2023). Ochieng (2022) found that street families in Kenya frequently experience deaths resulting from violence, infectious diseases, accidents, substance-related complications, and inadequate access to healthcare. Similarly, Goodman et al. (2023) reported that repeated exposure to the deaths of peers, family members, and caregivers contributes to grief, emotional instability, and psychological distress among street-connected populations. Bereaved street children commonly experience symptoms such as nightmares, intrusive memories, hypervigilance, and persistent sadness, which may adversely affect their well-being and daily functioning (Ochieng, 2022).

To address these challenges, Kenya has made notable progress towards promoting mental health advocacy through the Mental Health (Amendment) Act, 2022, the National Mental Health Policy (2015–2030), the National Mental Health Policy, hospital-based counselling services, and the Street Families Rehabilitation Trust Fund (Ministry of Health, 2023). In addition, psychosocial support is provided through non-governmental organizations, faith institutions, community groups, churches, mosques, and volunteers who offer emotional, spiritual, social, and practical assistance to vulnerable individuals and families (Ngesa et al., 2020; Omwang'a, 2018). Despite the availability of these interventions, access to psychosocial support services among street-

connected populations remains inconsistent, particularly for individuals experiencing bereavement and psychological distress (Osoro et al., 2024).

Eldoret City hosts a significant population of street-connected children, youth, and families who experience poverty, violence, social exclusion, unstable living conditions, and recurrent experiences of loss (Goodman et al., 2023; Ong'owo, 2022). These experiences increase their vulnerability to psychological distress, including sadness, anxiety, trauma-related symptoms, emotional instability, and difficulties in psychosocial adjustment (Barnes et al., 2018; Ochieng, 2022). To address these challenges, support is provided through a psychosocial support ecosystem comprising government agencies, health facilities, non-governmental organisations, faith institutions, and community groups that provide various forms of emotional, social, spiritual, health, and rehabilitation support (Omwang'a, 2018; Osoro, 2025).

The reviewed literature demonstrates that psychological distress remains a significant challenge among street-connected populations globally, regionally, and locally, particularly among individuals exposed to bereavement and other forms of adversity. The literature further highlights the importance of the psychosocial support ecosystem in addressing psychological distress experienced by bereaved street families. Understanding the role of the psychosocial support ecosystem within the context of bereaved street families in Eldoret City is therefore important for strengthening psychosocial support interventions and improving their well-being.

1.3 Statement of the Problem

Bereavement is an intense emotional experience that often triggers psychological distress (Seiler et al., 2020). To address these challenges, psychosocial support ecosystems from different institutions are designed to provide emotional, social, and psychological

support to bereaved individuals (Cacciatore et al., 2021). Globally, countries such as Wales and Australia have integrated structured bereavement support programmes within health and social care systems to promote coping and psychological well-being following loss (Better Health Channel, 2024; Welsh Government, 2021).

In sub-Saharan Africa, governments, humanitarian agencies, and community organizations have strengthened mental health and psychosocial support services for vulnerable populations, including street-connected children and families (African Union Commission, 2023; WHO, 2023). Nevertheless, poverty, violence, social exclusion, and limited access to grief support services continue to contribute to psychological distress among bereaved vulnerable groups (Chipalo, 2024; Huggins & Hinkson, 2022).

In Kenya, psychosocial support is provided through government agencies, health facilities, rehabilitation centres, non-governmental organisations, and community support structures, in line with the Kenya Mental Health Policy (2015–2030) and related mental health initiatives (Ministry of Health, 2023; SFRTF, 2024). Despite these efforts, bereaved street families continue to experience repeated losses arising from violence, illness, and harsh living conditions, often resulting in depression, anxiety, trauma-related symptoms, and prolonged grief (Goodman et al., 2023; Ochieng, 2022).

Although psychosocial support structures exist, limited empirical evidence exists on their role in mitigating psychological distress among bereaved street families in Eldoret City, Kenya. This knowledge gap limits efforts to strengthen evidence-based interventions for this vulnerable population. Therefore, this study examined the role of the psychosocial support ecosystem in mitigating psychological distress among bereaved street families in Eldoret City, Kenya.

1.4 Purpose of the Study

The purpose of the study was to examine the role of the psychosocial support ecosystem in mitigating psychological distress among bereaved street families in Eldoret City, Kenya.

1.5 Objectives of the Study

This section introduces the study's general and specific objectives.

1.5.1 General Objective

The general objective of the study was to assess the role of the psychosocial support ecosystem in mitigating psychological distress among bereaved street families in Eldoret City, Kenya.

1.5.2 Specific Objectives

The study sought:

1. To examine the level of psychological distress experienced by bereaved street families in Eldoret City, Kenya.
2. To determine the role of government interventions in mitigating psychological distress among bereaved street families in Eldoret City, Kenya.
3. To assess the role of non-governmental interventions in mitigating psychological distress among bereaved street families in Eldoret City, Kenya.
4. To explore the role of community in mitigating psychological distress among bereaved street families in Eldoret City, Kenya.

1.6 Research Questions

The specific research questions are:

1. What is the level of psychological distress experienced by bereaved street families in Eldoret City, Kenya?

2. How do government interventions contribute to mitigating psychological distress among bereaved street families in Eldoret City, Kenya?
3. How do non- governmental interventions contribute to mitigating psychological distress among bereaved street families in Eldoret City, Kenya?
4. To what extent does community support mitigate psychological distress among bereaved street families in Eldoret City, Kenya?

1.7 Significance of the Study

This study is significant because it addresses the relatively under-researched issue of psychological distress among bereaved street families and examines the role of psychosocial support ecosystems in mitigating its effects. The study provides empirical evidence that may inform policy formulation, professional practice, research, and community efforts to improve psychosocial support for vulnerable street-connected populations.

The findings may inform national and county governments in the formulation, review, and implementation of policies and programmes that address the psychosocial needs of bereaved street families. In particular, the study provides evidence that may support the integration of trauma-informed counselling, bereavement support services, and coordinated psychosocial care into existing interventions targeting street-connected populations. The findings may also strengthen collaboration among government agencies, healthcare institutions, faith-based organisations, non-governmental organisations, and community stakeholders involved in delivering psychosocial support services.

The study may also contribute to professional practice by providing counselling psychologists, social workers, children's officers, healthcare professionals, faith-based

organisations, and non-governmental organisations with evidence on the psychological distress experienced by bereaved street families and the effectiveness of existing psychosocial support systems. The findings may guide the design and implementation of evidence-based counselling interventions, psychosocial support programmes, community outreach initiatives, and multidisciplinary approaches that respond to the unique bereavement experiences of street families.

In addition, the study contributes to the existing body of knowledge on bereavement, psychological distress, and psychosocial support ecosystems among street-connected populations in Kenya. The findings may serve as a reference for scholars and stimulate further research on bereavement, trauma, mental health, and psychosocial interventions among vulnerable and marginalised populations in similar contexts.

Finally, the findings may benefit the community by increasing awareness of the psychosocial challenges experienced by bereaved street families and the importance of providing emotional, social, and practical support during bereavement. The study may encourage greater collaboration among community members, local leaders, business owners, faith-based organisations, and other stakeholders to promote social inclusion, reduce stigma and discrimination, and strengthen community-based psychosocial support systems for bereaved street families.

1.8 Scope of the Study

The study was conducted in Eldoret City, Uasin Gishu County, Kenya. Eldoret City was selected because it is one of Kenya's major urban centres and had a population of 475,716, according to the 2019 Kenya Population and Housing Census by the Kenya National Bureau of Statistics (KNBS, 2019). The city has also been identified as one of the urban centres with street-connected children, youth, and families, due to factors such

as rural–urban migration, poverty, family breakdown, and social vulnerability (Goodman et al., 2023; Osoro, 2025). In addition, Eldoret hosts various psychosocial support actors, including government agencies, rehabilitation centres, health facilities, faith institutions, NGOs, and community-based initiatives that provide support to street-connected populations(Ong'owo, 2022). These characteristics made Eldoret City an appropriate setting for examining the role of the psychosocial support ecosystem in mitigating psychological distress among bereaved street families.

The study focused on bereaved street families who had experienced a significant loss of a family member, caregiver, spouse, child, peer, or other significant person within the two years preceding the study. This criterion was adopted to ensure that participants had recent bereavement experiences and could provide relevant information regarding psychological distress, coping mechanisms, institutional interventions, and community support following loss.

The study scope focused on examining the role of the psychosocial support ecosystem in mitigating psychological distress among bereaved street families. Specifically, it focused on the level of psychological distress experienced, the role of government interventions, the role of non- governmental interventions, and the role of community support. The study was limited to the psychosocial support ecosystem as the independent variable and psychological distress as the dependent variable to ensure adequate depth and focus in addressing the study objectives.

1.9 Delimitation of the Study

The study was delimited to adult bereaved street families residing, working, or congregating in selected locations within Eldoret City, namely Langas, Kipkaren, Kisumu Road, Eldoret Central Business District (CBD), West Market, Eldoret Stage,

Kona Mbaya, and the municipal dumpsite. These sites were identified through preliminary field visits and consultations with social workers, organisations working with street-connected populations, and informal street leadership structures prior to data collection.

The study focused on street family members who had lost a significant person within the two years preceding the study. Participants were identified with assistance from informal street leaders and through referrals from other street family members knowledgeable about recent bereavement experiences in their communities. In addition, key informants were drawn from government departments responsible for social services and child welfare, social workers, faith-based organisations, community leaders, and non-governmental organisations that provide psychosocial and welfare support to street-connected populations.

The study was further delimited to examining the role of the psychosocial support ecosystem in mitigating psychological distress among bereaved street families. Specifically, the study focused on the level of psychological distress experienced by bereaved street families, the role of governmental and non-governmental interventions, and the role of community support. These aspects were selected because they constitute key components of the psychosocial support ecosystem and are central to understanding how psychological distress is mitigated among bereaved street families.

In terms of time, the study was conducted between March and May 2026. This period included participant identification, rapport building, and data collection among bereaved street families and key informants in Eldoret City.

1.10 Limitations of the Study

The study encountered limitations associated with the sensitive nature of bereavement. Some participants were initially hesitant to discuss their experiences of loss, requiring additional time to build rapport and encourage open sharing. In a few instances, participants provided incomplete responses when discussing emotionally difficult experiences. To address this limitation, the researcher assured participants of confidentiality, emphasised voluntary participation, and created a supportive environment that allowed participants to share their experiences at their own pace.

The study also involved participants drawn from a highly mobile street-family population. Consequently, locating some participants and scheduling interviews occasionally required additional time and flexibility during the data collection. This challenge was addressed through preliminary field visits, consultations with street leaders, and assistance from individuals familiar with the street-family community.

1.11 Assumptions of the Study

This study assumed that participants would provide honest and accurate information regarding their bereavement experiences, psychological distress, coping mechanisms, and psychosocial support received. The study further assumed that the research instruments were appropriate for collecting reliable and relevant data aligned with the study objectives. Additionally, it was assumed that the key informants possessed adequate knowledge and experience of the psychosocial support services available to street families in Eldoret City and would provide accurate information about these services.

1.12 Theoretical Framework

This section presents the theories that guided the study, namely Ecological Systems Theory and Social Support Theory. It explains their relevance to understanding the role

of the psychosocial support ecosystem in mitigating psychological distress among bereaved street families.

1.12.1 Ecological Systems Theory

Ecological Systems Theory was developed by Bronfenbrenner (1979) to explain how interactions between individuals and their environments shape human development and well-being. The theory posits that individuals do not exist in isolation but are continuously influenced by multiple environmental systems that interact to shape their experiences, behaviours, and psychological outcomes.

The theory identifies five interrelated environmental systems. The microsystem comprises the immediate environments in which individuals interact, such as peers, family members, faith communities, and support networks. The mesosystem refers to interactions between these immediate environments. The exosystem comprises institutions and structures that indirectly influence individuals, including government agencies, health facilities, rehabilitation centres, social welfare departments, and non-governmental organisations. The macrosystem encompasses broader cultural values, societal attitudes, laws, and policies that shape experiences and opportunities. The chronosystem recognises that life experiences and developmental outcomes are influenced by events and transitions that occur over time.

Bronfenbrenner later refined the theory through the Bioecological Model of Human Development and introduced the Process–Person–Context–Time (PPCT) framework (Bronfenbrenner & Morris, 2006). The PPCT framework emphasises that human development results from the interaction between individual characteristics, environmental contexts, developmental processes, and the passage of time. This

refinement strengthened the theory by providing a more comprehensive explanation of how environmental influences affect individual outcomes.

Ecological Systems Theory informed the conceptualisation of the psychosocial support ecosystem in this study. Community support structures, peer networks, and faith-based groups were conceptualised within the microsystem and mesosystem levels. Government interventions, health facilities, rehabilitation centres, and non-governmental organisations were situated within the exosystem because they provide services that influence the well-being of bereaved street families. National mental health policies, cultural beliefs surrounding bereavement, and societal attitudes toward street families were conceptualised within the macrosystem. The chronosystem was relevant in understanding bereavement experiences and the influence of psychosocial support over time.

A major strength of Ecological Systems Theory is its recognition that psychological well-being is influenced by multiple interacting social, institutional, and environmental systems rather than individual factors alone. The theory was therefore useful in explaining how different components of the psychosocial support ecosystem contribute to mitigating psychological distress among bereaved street families. However, the theory offers only a limited explanation of the mechanisms by which support from these systems reduces psychological distress. Consequently, the study also adopted Social Support Theory to explain how support contributes to psychological well-being following bereavement.

1.12.2 Social Support Theory

Social Support Theory was developed from the works of Cobb (1976) and Cassel (1976) and was later expanded by House (1981). The theory posits that support obtained from

social relationships and social networks plays an important role in protecting individuals from the negative psychological effects of stressful life events. The theory further suggests that the availability and perception of support enhance coping, resilience, and psychological adjustment during times of adversity.

According to the theory, social support may be categorised into four major forms. Emotional support refers to expressions of empathy, love, care, trust, and reassurance. Instrumental support involves providing tangible assistance, such as financial aid, food, shelter, and other material resources. Informational support includes guidance, advice, counselling, and information that helps individuals address challenges. Appraisal support involves affirmation, encouragement, feedback, and validation that help individuals evaluate and manage difficult situations (House, 1981).

Social Support Theory was relevant to this study because bereaved street families often experience psychological distress in the context of poverty, social exclusion, unstable living conditions, and repeated exposure to loss. The theory explains how support obtained from government agencies, health facilities, non-governmental organisations, faith-based institutions, community members, and peer networks may reduce feelings of loneliness, hopelessness, anxiety, trauma-related symptoms, and other manifestations of psychological distress. Government interventions may provide instrumental and informational support through rehabilitation services, counselling programmes, and social welfare assistance. Non-governmental organizations and faith-based institutions may offer emotional, spiritual, material, and psychosocial support. Community members and peer networks may provide emotional companionship, practical assistance, and a sense of belonging during bereavement.

A major strength of Social Support Theory is its emphasis on the protective role of social relationships and support networks in promoting psychological well-being. The theory provides a useful framework for understanding how different forms of support contribute to mitigating psychological distress among bereaved street families. However, the theory places greater emphasis on the availability and functions of support and gives limited attention to broader environmental and institutional factors that influence access to support services. This limitation was addressed through the application of Ecological Systems Theory, which provides a broader understanding of the environmental systems within which psychosocial support is provided.

The combination of Ecological Systems Theory and Social Support Theory provided a comprehensive framework for understanding the role of the psychosocial support ecosystem in mitigating psychological distress among bereaved street families. While Ecological Systems Theory explained the environmental systems through which support is provided, Social Support Theory explained how different forms of support contribute to psychological well-being and adjustment following bereavement.

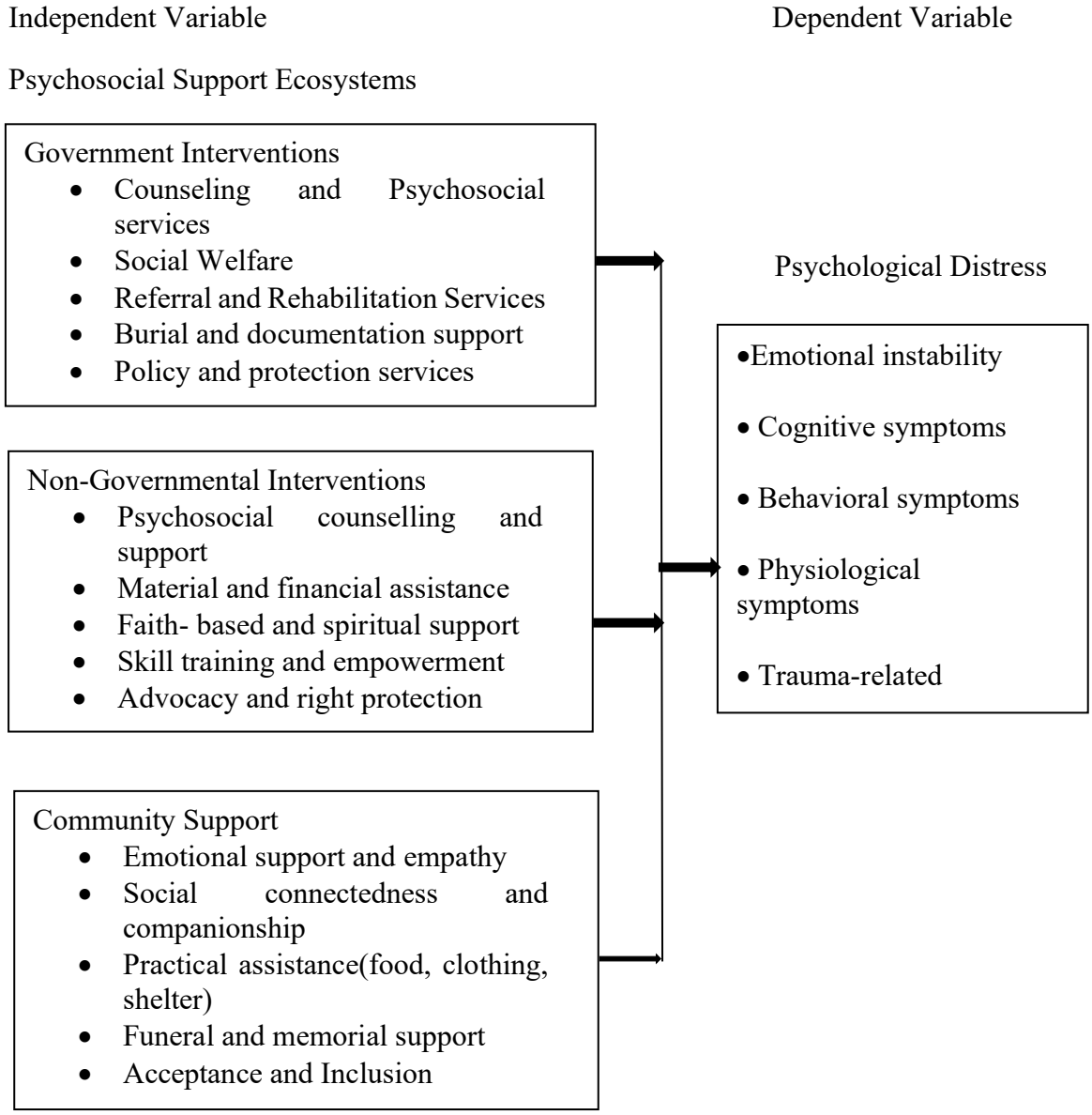
1.13 Conceptual Framework

A conceptual framework is a diagrammatic representation of the relationship among variables under investigation and provides a basis for understanding how the study variables are related (Flick, 2020). The conceptual framework for this study was developed from Ecological Systems Theory and Social Support Theory, which posit that support obtained from environmental systems and social networks influences psychological well-being. The framework illustrates the relationship between the psychosocial support ecosystem and psychological distress among bereaved street families in Eldoret City, Kenya.

The psychosocial support ecosystem was the independent variable and was operationalised through government and non-governmental interventions, as well as community support. Psychological distress constituted the dependent variable and was measured through indicators such as depression, anxiety, loneliness, hopelessness, and trauma-related symptoms. The framework assumes that effective psychosocial support contributes to reduced psychological distress among bereaved street families.

Figure 1

Conceptual Framework of Psychosocial Support Ecosystems and Psychological Distress



Source (Author, 2026)

1.13.1 Discussion of the Conceptual Framework

The conceptual framework for this study was based on the assumption that the psychosocial support ecosystem influences the level of psychological distress experienced by bereaved street families in Eldoret City. The psychosocial support ecosystem was the independent variable and comprised government and non-governmental interventions, as well as community support structures that provide emotional, social, spiritual, informational, and material assistance to bereaved individuals. Psychological distress constituted the dependent variable and was conceptualised in terms of emotional instability, cognitive symptoms, behavioural symptoms, physiological symptoms, and trauma-related symptoms experienced following bereavement.

The framework assumes that effective psychosocial support reduces psychological distress by enhancing emotional support, social connectedness, access to resources, and resilience among bereaved street families. Government interventions, non-governmental interventions, and community support were therefore expected to play a significant role in mitigating psychological distress among bereaved street families in Eldoret City, Kenya.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature on the relationship between psychosocial support systems and psychological outcomes after bereavement, focusing on psychological distress as the dependent variable and psychosocial support ecosystems as the independent variable, including government interventions, non-governmental interventions, and community support, and concludes by identifying key research gaps.

2.2 Empirical Review of Literature

This section presents a critical review of empirical literature related to the role of the psychosocial support ecosystem in mitigating psychological distress among bereaved street families. The review examines existing studies on the level of psychological distress experienced following bereavement, the role of government interventions, the role of non-governmental interventions, and the role of community support in mitigating psychological distress. The review draws on global, regional, and local studies to identify areas of convergence and divergence, highlight existing knowledge gaps, and provide a basis for the current study.

2.2.1 Level of Psychological Distress among Bereaved Street Families

Psychological distress refers to the severity of emotional and mental health symptoms that arise when individuals are unable to effectively cope with internal or external stressors, often manifesting as anxiety, depression, trauma-related symptoms, hopelessness, and impaired functioning (Kyalo et al., 2024). Among bereaved street families, psychological distress may present as complicated grief, emotional instability, traumatic stress, and diminished psychosocial well-being following the loss of a loved one (Seiler et al., 2020). Although grief is a natural response to loss, it may become

prolonged or complicated when individuals lack adequate resources and support systems to process bereavement effectively (Xiong, 2025). This risk is particularly pronounced among street-connected populations whose experiences of loss occur within contexts characterised by poverty, homelessness, insecurity, stigma, and social exclusion (Antony & Kapoor, 2023).

Studies indicate that bereavement among street-connected populations is often accompanied by significant psychological distress. Sandhu and Sinha (2023) reported that street children in Kolkata, India, are continuously exposed to death and loss, which become normalised but remain emotionally unprocessed, leading to cumulative and unresolved grief. Similarly, Taylor and Kaplan (2023), in their review of traumatic grief in vulnerable populations in the United States, identified a high co-occurrence of post-traumatic stress disorder and complicated grief among individuals exposed to repeated violence and loss. Savarkar and Das (2019) further found that street-connected populations in Mumbai experienced elevated levels of depression, emotional distress, and substance use arising from unstable living conditions and repeated exposure to traumatic events. Collectively, these studies suggest that bereavement among street populations is not experienced as an isolated event but rather as part of a broader pattern of chronic adversity and loss.

Additional evidence from African contexts demonstrates similar patterns. Oppong et al. (2015) found that street-connected youth in Durban, South Africa, experienced high levels of unresolved grief due to constant exposure to death and inadequate opportunities for emotional processing. Likewise, Worku et al. (2019) reported that street-connected youth in Addis Ababa, Ethiopia, exhibited symptoms of anxiety, hopelessness, and emotional distress following bereavement despite demonstrating resilience in other

aspects of their lives. These findings suggest that while resilience may exist among street-connected populations, repeated exposure to loss continues to place them at risk of psychological distress.

In Kenya, Barnes et al. (2018) found that early exposure to trauma among street-connected boys in Eldoret contributed to post-traumatic stress symptoms and traumatic grief, often expressed through aggression, emotional instability, and substance use. Similarly, Sitienei and Pillay (2018) observed that frequent exposure to death without access to grief counselling contributed to emotional instability among street-connected children in Nairobi. Karanja (2015) further reported that unresolved grief and trauma constituted major barriers to psychosocial recovery and reintegration among rehabilitated street children in Thika. Muya and Muasa (2023) similarly found that repeated exposure to trauma among vulnerable populations increased the likelihood of psychological distress and post-traumatic stress symptoms. Kabiru et al. (2014) concluded that unaddressed grief and trauma significantly undermine psychosocial well-being and successful reintegration among street-connected populations. Collectively, these studies highlight the strong relationship between bereavement, trauma exposure, and psychological distress among vulnerable populations.

Research further suggests that psychological distress following bereavement is influenced by how individuals cope with loss. Coping in bereavement refers to the emotional, cognitive, and behavioural efforts employed to manage grief-related distress and adapt to loss (Stroebe & Schut, 2017). Among street-connected populations, coping responses are often shaped by poverty, social exclusion, unstable living conditions, and limited access to formal psychosocial support services. As a result, coping strategies may simultaneously promote resilience while also contributing to psychological distress.

Ray (2017), using a grounded theory approach among street children in the United States, found that bereaved street-connected youth frequently relied on peer bonding, spirituality, emotional numbing, and normalisation of death as coping responses. However, many of these strategies failed to address underlying grief and often contributed to unresolved emotional distress. Similarly, Ferdous and Nila (2020) reported that street-working children in Bangladesh frequently relied on denial and emotional suppression as temporary coping mechanisms following experiences of loss and adversity. Pilapil (2015) also found that although bereaved children demonstrated resilience, many continued to struggle with loneliness, internalised grief, and identity-related difficulties due to limited emotional support.

Other studies have highlighted the protective role of adaptive coping responses. Mapaya and Mugovyani (2014) found that communal support grounded in the Ubuntu philosophy enhanced resilience and reduced isolation among bereaved individuals in Zimbabwe. Similarly, Eyetsemitan (2021) emphasised that grief management in African societies is often embedded within collective social relationships and kinship networks. Chaaya et al. (2025) found that social connectedness, gratitude, and problem-focused coping were associated with greater resilience among young adults experiencing adversity. Likewise, García et al. (2018) established that adaptive coping strategies such as acceptance, positive reframing, and social support were positively associated with emotional well-being.

Conversely, maladaptive coping responses have been consistently associated with elevated psychological distress. Moritz et al. (2016) identified substance use, denial, avoidance, and disengagement as significant predictors of adverse psychological outcomes. Similarly, Berjot and Gillet (2011) found that aggression, blame, and

emotional withdrawal increased vulnerability to psychological distress among marginalised populations. Within street-connected populations, Hills et al. (2016) reported that substance use often functioned as a coping mechanism for grief and adversity but simultaneously hindered emotional recovery and social reintegration. Ezeokana et al. (2014) further observed that bereaved street-connected children frequently responded to distress through aggression, withdrawal, and emotional suppression. Shitindi et al. (2023) similarly reported that while social networks and religious faith promoted resilience among street-connected youth in Tanzania, maladaptive coping behaviours such as substance use and delinquent behaviour remained prevalent.

The reviewed literature demonstrates that bereavement among street-connected populations is associated with significant psychological distress, often manifested through anxiety, hopelessness, trauma-related symptoms, emotional instability, and prolonged grief (Barnes et al., 2018; Sandhu & Sinha, 2023; Seiler et al., 2020; Taylor & Kaplan, 2023; Worku et al., 2019). The literature further indicates that experiences of poverty, homelessness, repeated loss, stigma, and social exclusion increase vulnerability to psychological distress among street-connected populations (Muya & Muasa, 2023; Oppong et al., 2015; Sitienei & Pillay, 2018). However, despite the growing body of literature on bereavement and psychological distress among vulnerable populations, limited empirical evidence exists on the level of psychological distress experienced by bereaved street families. Furthermore, much of the existing literature has focused on street children and street-connected youth, with limited attention given to street families as a distinct population. This presents an empirical gap in understanding psychological distress among bereaved street families in Eldoret City.

2.2.2 Government Interventions in Mitigating Psychological Distress among Bereaved Street Families

Globally, bereavement support and psychosocial care have increasingly been recognised as important components of public health and social welfare systems. (UNICEF, 2023) Studies indicate that countries with structured bereavement policies and coordinated mental health systems are better positioned to provide timely psychosocial support and referral pathways for bereaved populations (Lichtenthal et al., 2024). International frameworks such as the Mental Health and Psychosocial Support (MHPSS) guidelines and the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support emphasise early intervention, community-based care, and culturally responsive approaches for vulnerable populations experiencing grief, trauma, and loss (Inter-Agency Standing Committee, 2019; WHO, 2023).

Several countries have developed structured bereavement support frameworks. In Europe, Wales has implemented a National Bereavement Care Framework that promotes equitable access to bereavement support services, while Australia has integrated bereavement support within broader mental health and public health systems through national standards and referral pathways (Better Health Channel, 2024; Welsh Government, 2021). Similarly, Germany's Stepped Care Bereavement Model provides tiered psychosocial interventions based on the severity of grief reactions, thereby improving access to appropriate support services (Müller et al., 2021). These initiatives demonstrate the important role governments play in establishing systems that support bereaved individuals and reduce the risk of prolonged psychological distress.

Within Africa, psychosocial support has increasingly been incorporated into mental health and humanitarian response frameworks. The African Union Mental Health Strategy and the African Framework for Mental Health and Psychosocial Support in

Emergencies encourage member states to strengthen community resilience, integrate grief and trauma care into health systems, and improve access to psychosocial services for vulnerable populations (African Union, 2023; UNICEF, 2023). However, studies suggest that implementation remains uneven across many African countries and that marginalised groups, including street-connected populations, often face barriers in accessing available services (Cacciatore et al., 2021).

In Kenya, the government has established several policy and legislative frameworks that promote mental health, early intervention, counselling services, and community-based psychosocial support (Ministry of Health, 2023). In addition, the National Policy on Rehabilitation of Street Families, implemented through the Street Families Rehabilitation Trust Fund (SFRTF), seeks to facilitate rehabilitation, reintegration, psychosocial support, and socio-economic empowerment for street-connected populations (SFRTF, 2024).

At the county level, efforts have also been made to strengthen psychosocial support services. County governments increasingly collaborate with health facilities, social welfare departments, NGOs, and community stakeholders to provide mental health and psychosocial support services (Wangari & Njueini, 2025). Initiatives such as county-based counselling services, psychosocial support programmes following traumatic events, and the establishment of SFRTF county structures demonstrate growing recognition of the psychosocial needs of vulnerable populations, including street families (Nairobi City County Government, 2023; SFRTF, 2024).

Despite these policy and programmatic efforts, evidence suggests that bereavement-specific support remains inadequately integrated within existing governmental interventions. Most policies focus on general mental health, rehabilitation, and social

welfare services, with limited emphasis on grief counselling and bereavement support for vulnerable populations such as street families (Cacciatore et al., 2021; Ministry of Health, 2021; SFRTF, 2024; Kwobah et al., 2023). Consequently, there is limited empirical evidence regarding the role of governmental interventions in mitigating psychological distress among bereaved street families, particularly within the Kenyan context and in Eldoret City.

2.2.3 Non- Governmental Interventions in Mitigating Psychological Distress among Bereaved Street Families

Non-governmental support constitutes an important component of the psychosocial support ecosystem for bereaved street families. Such support is primarily provided through hospitals, faith institutions, and non-governmental organisations (NGOs), which offer counselling services, emotional support, spiritual guidance, medical care, material assistance, and referrals. These institutions often complement governmental efforts by addressing the psychosocial and practical needs of vulnerable populations experiencing grief and loss. The following sections review literature on the role of hospitals, faith-based institutions, and NGOs in mitigating psychological distress following bereavement.

2.2.3.1 Hospitals and Bereavement Support

Hospitals are key providers of bereavement support, often serving as the first point of contact after loss, with multidisciplinary teams shown to reduce acute stress and promote emotional stabilisation among bereaved families (Roberts et al., 2024).

Donovan et al. (2015), in a review of services in Australia, highlighted that hospital bereavement services comprise multidisciplinary services that provide grief counselling, mortuary services, spiritual care, and general psychological services that provide emotional stabilisation and reduce complicated grief, especially when delivered after

loss. In their cross-sectional study across health institutions in Switzerland, among family members whose close other died with cancer Naef et al. (2019) highlighted that, bereavement services often involves a multi-disciplinary team that comprises of professional counsellors, social workers, chaplains, nurses and doctors who offer psychological support to bereaved families.

A central component of hospital-based bereavement support is the role of social workers and counsellors, who often serve as a link between medical services and psychosocial support (Jurgens et al., 2025). In the United Kingdom, Harrop et al. (2020) evaluated counsellors working in palliative and hospice-linked hospital settings. Their study found that counsellors serve a critical role in facilitating emotional expression, supporting meaning-making and guiding families through grief transitions. In Canada, Tadic et al. (2020) examined the role of hospital-based social workers in supporting bereaved families facing financial or legal difficulties. Their findings highlight the necessity of such support services for economically disadvantaged families.

In Nigeria, social workers are essential in identifying and supporting vulnerable individuals, ensuring that at-risk populations do not fall through gaps in institutional care (Okoiofem et al., 2024)

In Kenya, national referral hospitals such as Kenyatta National Hospital (KNH) and Moi Teaching and Referral Hospital (MTRH) have developed psychosocial departments comprising of social workers and professional counselors who offer grief counselling, post-trauma therapy, and crisis intervention for bereaved families (Cheruiyot et al., 2025; Ministry of Health, 2021). Kwobah et al. (2023), in a survey of four western Kenya counties, found that counseling services were present in county-level hospitals; however, they were inconsistently implemented and staffed with limited numbers.

Despite these advances, hospital-based bereavement services in Kenya remain fragmented and lack coordinated policies, often limiting access to support for vulnerable and marginalised populations, including bereaved street families (Kwobah et al., 2023; Ministry of Health, 2021; Naef et al., 2019). Furthermore, limited empirical evidence exists regarding the role of hospital-based bereavement services in mitigating psychological distress among bereaved street families.

2.2.3.2 Faith institutions and Bereavement Support

Churches, mosques and Temples are not only places of worship but also serve as spaces of refuge and belonging, helping bereaved individuals come to terms with loss and develop resilience (Ferguson et al., 2008; Marwasi, 2019). Rodrigo (2024), studying pastoral counsellors in Catholic communities across the Philippines, found that faith leaders help families reconstruct meaning after loss through spiritual teachings and guided mourning.

Parekh et al. (2025), in their study, conducted in India, targeted families who had lost close relatives and revealed that Hindu religious rituals significantly reduced feelings of despair. They found that temple-based rituals such as cremation ceremonies and prayer offerings help families achieve spiritual closure. In Islamic contexts, Ingvild (2022), studying Muslim communities in the Middle East, found that funeral rites such as Salat al-Janazah provide spiritual grounding and communal solidarity, helping mourners accept loss.

Dires et al. (2025), in their research on homeless families in Ethiopia, found that churches frequently provide food, shelter and emotional support to grieving homeless families. Maina (2017) conducted a study of the Presbyterian Church in Nairobi, her study highlighted that the church bridges gaps between formal mental health services and

community needs by offering spiritual and emotional support to the bereaved, while faith institutions more broadly provide material assistance such as food, shelter, and healthcare through community outreach programs, reflecting their commitment to compassion and social support (Jamaluddin & Mohd Amin, 2022).

Faith-based efforts do more than meet material needs; they restore dignity and foster a sense of belonging among street families (Jahani & Parayandeh, 2024). A study by Osoro et al. (2024) on faith-based rehabilitation programs in Eldoret town found that these centres affiliated with local churches run feeding programs and transitional shelters for street children, offering not only meals but also educational, spiritual mentoring, and psychosocial counselling. Similarly, Zakat-based initiatives, an Islamic charitable foundation, extend medical assistance to orphaned street children and their bereaved families (BBC-International, 2023).

Existing literature demonstrates that faith institutions provide spiritual, emotional, social, and material support that may facilitate coping and adjustment following bereavement (Ingvild, 2022; Maina, 2017; Osoro et al., 2024; Rodrigo, 2024; Parekh et al., 2025). Despite the recognised role of faith institutions in providing support, limited empirical evidence exists regarding their role in mitigating psychological distress among bereaved street families.

2.2.3.3 Non-Governmental Organisations (NGOs) and Bereavement Support

Non-Governmental Organisations play a vital role in complementing the governmental and faith-based institutions in providing bereavement and psychosocial support to vulnerable populations. Dattani and Kataria (2025), in a study conducted in India and Kenya, examined how NGOs support vulnerable families facing trauma, loss and

socio-economic instability. Their research focused on NGO beneficiaries and found that trauma-informed community programs significantly enhance emotional recovery.

Tol et al. (2015), in a global review of humanitarian organisations in low-income areas, found that NGOs provide essential psychosocial services, including psychological first aid, grief counselling, and community healing activities, often filling gaps left by government systems. Globally, organisations such as the International Federation of Red Cross and Red Crescent Societies (IFRC), CBM Global, and World Vision International have developed faith-sensitive and culturally responsive approaches to Mental Health and Psychosocial Support (MHPSS) in post-crisis contexts (CBM Global, 2023; IFRC, 2022; World Vision, 2021).

In East Africa, Asante et al. (2021) studied NGO-led psychosocial programs in Ghana, Rwanda and Uganda. Their research found that NGO interventions, especially community-based trauma groups, reduced depression and grief symptoms among vulnerable populations. In Rwanda, World Relief (2020) documented how NGO programs developed after the genocide provided structured grief processing, trauma healing and community reintegration. Their findings show long-term benefits of NGO-led bereavement models.

In Kenya, NGOs like the Kenya Red Cross (KRCS) have been seen to provide trauma and mental health support during national crises and tragedies (Kiprono, 2023). Similarly, NGOs such as the Tears Foundation Kenya Chapter provide grief counselling and financial assistance to families who have lost children to restore emotional stability to families (The Tears Foundation, 2024). Dattani and Kataria (2025) note that NGOs supporting street families promote emotional resilience and psychological recovery through community programs, while initiatives such as Child Helpline Kenya provide

accessible teletherapy, psychological first aid, and follow-up counselling for children experiencing abuse, loss, or abandonment (UNICEF, 2023).

The literature shows that NGOs provide essential psychosocial and material support to vulnerable groups, including street families. However, there is limited empirical evidence regarding the role NGOs play in mitigating psychological distress among bereaved street families in Eldoret City.

2.2.4 Community's Role in Mitigating Psychological Distress among Bereaved Street Families

Bereavement is increasingly recognised as a community responsibility rather than a private experience. Kellehear (2013), in his foundational work on compassionate communities, argues that communities provide an essential psychosocial safety net during periods of loss. His studies, grounded in community health research across Australia and the United Kingdom, show that collective mourning rituals, practical assistance, and neighbour-based support significantly reduce psychological suffering among the bereaved.

Aoun et al. (2018), studying compassionate community models across Australia and India, found that community-led grief support improves emotional connectedness and reduces isolation among bereaved families. In this model, communities serve as extensions of health care and social services by offering practical assistance, emotional support, and collective mourning rituals that help validate the bereaved family's experience (Ummel et al., 2022).

Empirical studies reveal that community participation significantly reduces psychological distress in grief. Chen (2022), in a study conducted in China targeting bereaved older adults, found that strong social networks significantly reduce

grief-related depression. Näppä and Björkman-Randström (2020), in a study of bereavement support groups in Sweden, found that facilitated group meetings help normalise grief reactions and promote a sense of belonging.

Burrell and Selman (2020) conducted a mixed-methods study on funeral practices in the United Kingdom. They found that community participation in funeral rituals reduces the risk of complicated grief, while Banyasz et al. (2017), in a cross-sectional study in England on bereavement service preferences, showed that continued support from community stakeholders, chaplains, and peer groups provides lasting psychological relief after bereavement. Together, these findings highlight the importance of community involvement in reducing psychological distress.

Hansford et al. (2023) highlight the role the business community plays in promoting psychosocial wellbeing through Corporate Social Responsibility (CSR) initiatives, sponsoring mental health initiatives, providing funding to non-profits that work directly with street children, and providing workplace grief support. An article by Trimble Funeral Homes also highlights that some businesses in the city of Illinois, US, participate in community bereavement initiatives by funding memorial gardens, grief educational workshops, and mental health awareness campaigns (Trimble Funeral Homes, 2024). These initiatives demonstrate that the business community plays a passive role in easing psychological distress and normalising grief by supporting recovery programs.

However, Conticini and Hulme (2007) found that street families are frequently excluded from mainstream community support systems due to negative societal attitudes. Similarly, Bhukuth and Ballet (2015) found that discrimination and mistrust reduce community involvement in supporting street-connected populations.

Across Africa, a foundational study by Mapaya and Mugovyani (2014) conducted qualitative research on coping in Zimbabwe. It explored how the Ubuntu philosophy places the community at the centre of coping with loss. Their findings showed that the emphasis on collective identity fosters resilience by ensuring the bereaved person is never isolated. Similarly, Eyetsemitan (2021), in a review of the psychological aspects of Ubuntu across various West and Southern African nations, emphasised that this communal philosophy holds that the responsibility for managing grief and its associated psychological distress is distributed across the entire kinship network.

Rituals and communal mourning play a significant role in the grieving process by providing spaces for emotional expression, shared remembrance, and strengthened social bonds (Makgahlela et al., 2021). Studies of bereaved families in rural Nigeria show that traditional mourning practices promote resilience by facilitating emotional expression, community validation, and meaning-making. In contrast, extended families and local groups provide essential emotional and material support following loss (Nwosu et al., 2017).

In the Kenyan context, Njue et al. (2015) emphasised that Kenyan mourning rituals, such as ‘matanga’, a memorial gathering, serve as therapeutic spaces for emotional release, community validation, and meaning-making. Similarly, studies on Agikuyu and Luo communities show that burial and mourning rituals promote social connectedness and provide psychosocial relief to the bereaved (Mbugua, 2016; Ngesa et al., 2020). Osoro et al. (2024) found that in Eldoret, local communities, including small businesses and volunteers, often organise to meet street families’ basic needs and cover funeral expenses, reflecting strong communal support.

The reviewed literature highlights the important contribution of communities in supporting bereaved individuals through collective mourning, social connectedness, emotional support, and practical assistance (Aoun et al., 2018; Eyetsemitan, 2021; Kellehear, 2013; Njue et al., 2015; Osoro et al., 2024). However, there is limited empirical evidence regarding the role of community stakeholders and the business sector in mitigating psychological distress among bereaved street families in Kenya, particularly in Eldoret City.

2.3 Summary of Reviewed Literature and Research Gaps

The reviewed literature, guided by the study objectives, indicates that bereavement is associated with elevated levels of psychological distress among street-connected populations. Studies have identified manifestations of psychological distress characterised by complicated grief, post-traumatic stress disorder, depression, anxiety, hopelessness, and emotional instability among individuals exposed to loss and trauma (Kyalo et al., 2024; Taylor & Kaplan, 2023). The literature further suggests that psychological distress is often intensified by repeated exposure to death, social exclusion, poverty, and limited access to psychosocial support, contributing to unresolved grief and poor mental health outcomes (Sandhu & Sinha, 2023). Although global, African, and Kenyan studies have documented the psychological consequences of trauma and loss among street-connected populations (Barnes et al., 2018; Savarkar & Das, 2019; Worku et al., 2019), there is limited empirical evidence on the level of psychological distress experienced by bereaved street families in Eldoret City. This study sought to address this gap by assessing the level of psychological distress among bereaved street families in Eldoret City, Kenya.

The literature further demonstrates that governmental interventions play an important role in providing psychosocial support through mental health policies, rehabilitation

programmes, counselling services, and social welfare initiatives (Ministry of Health, 2023; SFRTF, 2024; WHO, 2023). While several countries have established structured bereavement support systems and psychosocial care frameworks, evidence suggests that bereavement-specific support remains inadequately integrated within many governmental programmes, particularly in low-resource settings (Cacciatore et al., 2021; Lichtenthal et al., 2024). Within Kenya, existing policies largely focus on general mental health and social welfare services, with limited emphasis on grief counselling and bereavement support for vulnerable populations such as street families. Consequently, there is limited empirical evidence regarding the role of governmental interventions in mitigating psychological distress among bereaved street families.

The reviewed literature also highlights the contribution of non-governmental institutions, including hospitals, faith-based institutions, and non-governmental organisations, in providing counselling services, spiritual support, medical care, emotional assistance, material support, and referrals following bereavement (Dattani & Kataria, 2025; Maina, 2017; Naef et al., 2019; Rodrigo, 2024). Although these institutions are recognised as important sources of psychosocial support, existing studies suggest that service provision is often fragmented, resource-constrained, and insufficiently coordinated (Kwobah et al., 2023; Ministry of Health, 2021). Furthermore, limited empirical evidence exists regarding the extent to which non-governmental interventions contribute to mitigating psychological distress among bereaved street families, particularly in Eldoret City.

The literature also highlights the critical role of community support in reducing psychological distress, with models such as the Compassionate Community approach and African communal practices emphasising collective mourning, social solidarity, and shared responsibility in grief (Aoun et al., 2018; Eyetsemitan, 2021). Studies show that

community networks and bereavement groups can reduce loneliness and depressive symptoms (Chen, 2022), while local business communities may indirectly support psychosocial programs (Hansford et al., 2023). However, there is limited empirical evidence on how these community actors support bereaved street families in Eldoret City, which this study seeks to examine.

In summary, the reviewed literature highlights significant gaps in empirical knowledge regarding the level of psychological distress experienced by bereaved street families and the role of governmental support, non-governmental support, and community support in mitigating psychological distress following bereavement. These gaps are particularly evident in the Kenyan context, particularly in Eldoret City. Consequently, this study seeks to address these knowledge gaps by generating empirical evidence that can inform culturally responsive psychosocial support interventions and policies for bereaved street families.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methods that were used to investigate the role of the psychosocial support ecosystem in mitigating psychological distress among bereaved street families in Eldoret City, Kenya. It presents the research design, study site, population, sampling procedures and sample size, data collection instruments and procedures, pilot testing, instrument reliability and validity, data processing and analysis strategies, and ethical and legal considerations.

3.2 Research Design

The study adopted a convergent parallel mixed-methods design. Mixed-methods research involves the collection, analysis, and integration of quantitative and qualitative data within a single study to provide a more comprehensive understanding of a research problem than either approach alone (Creswell & Plano Clark, 2018). In a convergent parallel design, quantitative and qualitative data are collected concurrently, analysed separately, and integrated during interpretation to compare and complement findings from both approaches (Kanyaru et al., 2026). This design was considered appropriate because it enabled the researcher to obtain both numerical and experiential evidence regarding the role of the psychosocial support ecosystem in mitigating psychological distress among bereaved street families.

The quantitative component employed a correlational survey design. Correlational research is a non-experimental design used to examine the nature and strength of relationships between variables without manipulating them (Bhandari, 2023; Kothari, 2019). Correlational design was used in this study to examine the relationship between psychosocial support ecosystem components, namely the role of governmental support,

non-governmental support and community support, and psychological distress among bereaved street families.

The qualitative component adopted a descriptive phenomenological design. Phenomenology seeks to understand and describe individuals' lived experiences and the meanings they attach to a particular phenomenon (Oluka, 2025). The design enabled the researcher to explore participants' experiences of bereavement, coping, and psychosocial support, thereby providing deeper insights into the realities surrounding psychological distress among bereaved street families.

The combination of convergent parallel mixed methods, correlational survey design, and descriptive phenomenology enabled the study to generate both statistical and experiential evidence. This enhanced methodological triangulation strengthened the credibility of the findings and provided a comprehensive understanding of the role of the psychosocial support ecosystem in mitigating psychological distress among bereaved street families in Eldoret City.

3.3 Research Site

The study was conducted in Eldoret City, the administrative headquarters of Uasin Gishu County in Kenya. Eldoret City is located in the North Rift region of Kenya, approximately 310 kilometres north-west of Nairobi, the country's capital city. The city lies along the Northern Corridor transport route, which connects Kenya to neighbouring East African countries. It serves as a major commercial, educational, agricultural, transportation, and administrative centre within the region (Uasin Gishu County Government, 2021).

Eldoret City is characterised by a diverse population drawn from across Kenya due to its economic opportunities, educational institutions, health facilities, and business activities.

Uasin Gishu County had a population of 1,163,186 persons, with Eldoret serving as its principal urban centre (KNBS, 2019). The city's cosmopolitan nature and economic activities have made it a destination for migrants seeking employment and livelihood opportunities (Uasin Gishu County Government, 2021).

The concentration of economic activities and population movement within Eldoret has contributed to the presence of vulnerable populations, including street-connected children, youth, and families. The National Census of Street Families reported approximately 1,900 street-connected persons within Eldoret City and its environs (Republic of Kenya, 2020). Similar studies by Goodman et al. (2016) and Embleton et al. (2018) identified Eldoret as one of Kenya's urban centres with a sizeable street-connected population. Many street families are concentrated in areas associated with informal economic activities, transport hubs, marketplaces, and informal settlements.

The study was conducted in selected locations within Eldoret City where street families were known to reside, congregate, seek support, or undertake their daily activities. These locations included Langas, Kipkaren, Kipsumu Road, Eldoret Central Business District (CBD), West Market, Eldoret Main Stage, Kona Mbaya, and the Eldoret Dumpsite. The sites were identified through preliminary visits and consultations with social workers, rehabilitation officers, community-based organisations, and other stakeholders working with street-connected populations. These consultations established that the selected locations served as common living, working, and gathering spaces for street families within the city.

Eldoret City also hosts a diverse network of psychosocial support providers that serve vulnerable populations, including street families. Government institutions such as the Department of Children's Services, county social services, and street family

rehabilitation initiatives play a critical role in child protection, social welfare, rehabilitation, and family reintegration efforts (Ministry of Labour and Social Protection, 2022; SFRTF, 2024). The city is home to major health facilities, including Moi Teaching and Referral Hospital (MTRH) and county health facilities, which provide mental health, counselling, psychosocial support, and social work services to individuals experiencing psychological distress (Kwobah et al., 2023; Ministry of Health, 2021).

The city also hosts faith institutions, including churches, mosques, and temples, which contribute to spiritual guidance, emotional support, charitable activities, and community outreach programmes for vulnerable populations (Langat, 2020). In addition, numerous NGOs operating within the city provide rehabilitation, counselling, family tracing, reintegration, and psychosocial support services to street-connected children and families (Osoro et al., 2024; SFRTF, 2024). Collectively, these institutions constitute an important psychosocial support ecosystem within Eldoret City.

The coexistence of a sizeable street-family population and a diverse network of psychosocial support providers made Eldoret City an appropriate setting for this study. The city provided a suitable context for examining the role of psychosocial support ecosystems, including coping mechanisms, institutional interventions, and community support, in mitigating psychological distress among bereaved street families.

3.4 Target Population

The target population comprised 1,152 respondents, including 1,140 bereaved street family members and 12 key informants. The street-family population was derived from the estimated street-connected population within Eldoret City. According to Embleton et al. (2018), Eldoret hosts approximately 1,900 street-connected persons, of whom

about 760 are children under 18 years of age. Since the study targeted adult street-family members, the estimated adult street population of 1,140 served as the target population.

The target population comprised street-connected adults who had experienced the death of a family member, relative, peer, spouse, child, or other significant person within the previous two years while living on the streets. The population was characterised by socio-economic vulnerability, unstable living conditions, poverty, social exclusion, limited access to formal psychosocial support services, and exposure to multiple psychosocial stressors (United Nations Human Settlements Programme (UN-Habitat), 2020). These characteristics made the population appropriate for examining the role of psychosocial support ecosystems in mitigating psychological distress following bereavement.

The study also included 12 key informants selected from institutions that support street families in Eldoret City. These included officers from government departments responsible for children's services and social welfare, social workers, hospital-based social workers, NGO representatives, and leaders of faith institutions. The key informants were selected because of their direct engagement with street families and their knowledge of bereavement experiences, coping mechanisms, institutional interventions, and community support systems. Their perspectives provided contextual and professional insights that complemented data obtained from street-family participants.

3.5 Study Sample

This section discusses the sample size and sampling procedures that were used in the study.

3.5.1 Study Sample Size

The study involved a total of 107 participants comprising 95 bereaved members of street families and 12 key informants. The sample size for bereaved street family members was determined based on the estimated population of street-connected persons in Eldoret City.

Eldoret City has approximately 1,900 street-connected individuals, of whom about 760 are below 18 years of age (Embelton et al., 2018). Excluding minors yielded an estimated adult street population of 1,140 individuals (1,900 − 760 = 1,140). Since no documented statistics were available on the prevalence of bereavement among street families in Eldoret City, the study adopted a conservative estimate of 50% of the adult street population as having experienced bereavement. The use of a 50% proportion is recommended in survey research when the prevalence of a characteristic is unknown, as it provides maximum variability and yields a conservative estimate of the population (Althubaiti, 2022). Furthermore, preliminary consultations with social workers, rehabilitation officers, and street-family representatives indicated that experiences of death and loss were common among street-connected populations. Consequently, the accessible population was estimated at 570 individuals (1,140 × 0.50 = 570).

The sample size for bereaved street family members was determined using a sampling fraction of 15% of the accessible population. Mugenda and Mugenda (2003) recommend a sample size ranging from 10% to 30% of the target population for descriptive studies in which the population is relatively homogeneous. A sampling fraction of 15% was considered appropriate because data collection involved interviewer-administered questionnaires and interviews among a highly mobile and hard-to-reach population. The selected proportion provided a manageable sample size within the available time, financial resources, and logistical constraints while ensuring adequate representation of

the target population. Recent methodological literature further emphasises that sample size determination should balance statistical adequacy with practical considerations such as participant accessibility, study timelines, and available resources (Althubaiti, 2022). The sample size was therefore calculated as follows:

[n = 570 × 0.15 = 85.5 =approx. 86]

To account for possible non-response, a 10% adjustment was added:

[86 + (86 × 0.10) = 94.6 =approx. 95]

Therefore, the final sample size for bereaved street family members was 95 respondents.

In addition, 12 key informants were purposively selected from institutions that support street families in Eldoret City. The study engaged officers from the Department of Children's Services, county social welfare departments, and hospital-based social workers, as well as representatives of NGOs, counsellors, and leaders of faith institutions. The key informants were selected because of their direct engagement with street families and their knowledge of bereavement experiences, psychosocial support services, institutional interventions, and community support systems. Their perspectives provided contextual and professional insights that complemented information obtained from bereaved street-family participants.

Therefore, the total study sample comprised 107 participants, including 95 bereaved street family members and 12 key informants.

Table 1

Study Sample Size

Population Category	Calculation	Sample Size

Adult Street Population	1900− 760	1140
Estimated bereaved adults (50%)	1140× 0.50	570
Base Sample (15%)	570× 0.15	86
Non- response adjustment (10%)	86 × 0.10	9
Final respondent sample	89+9	95
Key Informants	Purposively determined	12
Total sample size	95+12	107

3.5.2 Sampling Procedure

The study employed a combination of purposive and snowball sampling techniques to identify bereaved members of street families and key informants. Purposive sampling is used in research that requires certain people with specific characteristics or expertise (Andrade, 2021). For this study, it was used because the study sought participants who possessed specific characteristics, namely being street-connected adults and having experienced bereavement within the previous two years. Snowball sampling is used when studying hard-to-reach populations, and participants are required to refer others who also meet the study criteria, forming a network of referrals (Ahmed, 2024). Snowball sampling was subsequently used to reach additional eligible participants within the street community.

Prior to collecting data, the researcher conducted preliminary visits to the study sites and consulted stakeholders working with street-connected populations, including social workers, rehabilitation officers, community-based organisations, faith-based organisations, and street family leaders. These consultations facilitated community entry and helped the researcher understand the organisation and movement patterns of street families within Eldoret City.

Entry into the street community was facilitated through street leaders, commonly referred to as "street presidents", who were recognised and trusted by members of the

street population. The street leaders assisted the researcher in identifying locations where street families commonly resided, worked, sought support, or congregated, including Langas, Kipkaren, Kisumu Road, Eldoret Central Business District, West Market, Eldoret Main Stage, Kona Mbaya, and the Eldoret Dumpsite. They also helped identify individuals who met the study criteria, particularly those who had experienced the loss of a family member, relative, peer, spouse, child, or other significant person within the previous two years.

Following initial contact with eligible participants, snowball sampling was used to identify additional respondents. Participants who had already been interviewed referred the researcher to other bereaved street family members within their social networks. This approach was particularly useful because bereaved street families constitute a hidden and highly mobile population for whom no formal sampling frame exists. The referral process continued until the required sample size was achieved.

12 Key informants were selected purposively based on their professional roles and involvement in providing psychosocial support to street families. These included officers from the Department of Children's Services, county social welfare departments, hospital-based social workers, and counsellors, representatives of non-governmental organisations, community health volunteers, and leaders of faith institutions. Their selection was based on their knowledge of bereavement experiences, psychosocial support services, institutional interventions, and community support systems available to street families in Eldoret City.

3.6 Data Collection

This section sheds light on the data collection instruments used, the data collection procedure, pilot testing, and the instruments' validity and reliability.

3.6.1 Data Collection Instruments

The study employed both quantitative and qualitative data collection methods to obtain comprehensive information on the phenomenon under investigation. The use of multiple methods facilitated triangulation, which enhanced the validity, credibility, and depth of the findings (Creswell & Creswell, 2023). Data were collected using three instruments: a structured interview schedule, a key informant interview guide, and an observation checklist.

3.6.1.1 Structured Interview Schedule

A structured interview schedule is a data-collection instrument comprising a set of predetermined, standardised questions that are consistently administered to respondents to obtain reliable, comparable data (Kothari & Garg, 2019). The instrument is particularly appropriate when respondents have varying literacy levels, as the interviewer reads the questions and records the responses on participants' behalf (Creswell & Creswell, 2023). In this study, a structured interview schedule was used to collect both quantitative and qualitative data from bereaved members of street families in Eldoret City.

The instrument contained both quantitative and qualitative items and was organised into six sections corresponding to the study objectives.

Section I introduced respondents to the study and provided information on voluntary participation, confidentiality, anonymity, and the right to withdraw at any time. Respondents were asked to provide consent before proceeding with the interview.

Section II collected background information on respondents, including age, gender, and duration of street involvement, place of residence, relationship to the deceased, and time

since bereavement. The information was used to describe the characteristics of the study participants and facilitate the interpretation of findings.

Section III assessed the level of psychological distress experienced by respondents following bereavement. The scale was adapted from the Kessler Psychological Distress Scale (K10) developed by Kessler et al. (2002) and modified to reflect the bereavement experiences of street families. The items assessed sadness, emptiness, loneliness, hopelessness, sleep difficulties, emotional withdrawal, intrusive memories, avoidance, feelings of insecurity, and substance use following loss. Responses were rated on a five-point scale ranging from 1 = Never to 5 = Always. Higher scores indicated higher levels of psychological distress. Mean scores of 1.00–2.49 were interpreted as low psychological distress, 2.50–3.49 as moderate psychological distress, and 3.50–5.00 as high psychological distress.

The structured interview schedule also included a section on coping mechanisms to provide contextual information on how respondents managed bereavement-related distress. Although coping mechanisms were not a primary objective of the study, they were included to enhance understanding of respondents' psychosocial experiences. The Dual Process Model informed the Coping with Bereavement section proposed by Stroebe and Schut (2016), which explains how bereaved individuals alternate between confronting loss-related experiences and engaging in restoration-oriented activities. The section also drew from the Brief COPE Inventory developed by Carver (1997), which assesses adaptive and maladaptive coping responses to stressful life events. The section was divided into two subsections. The first subsection assessed positive coping strategies used by respondents to manage grief and psychological distress. Internal coping mechanisms included acceptance, meaning-making, positive thinking, self-motivation,

resilience, and emotional reflection. External coping mechanisms included peer support, family support, spirituality, prayer, counselling, emotional support from the community, and sharing experiences with others. The second subsection assessed negative coping strategies that may contribute to unresolved grief and psychological distress. The items measured behaviours such as substance use, denial, social isolation, avoidance of grief-related thoughts, emotional suppression, excessive distraction, and avoidance of reminders associated with the deceased.

The coping mechanisms section consisted of adaptive and maladaptive coping items measured using a five-point Likert scale, where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. Responses for each item were scored, and composite mean scores were computed for adaptive coping and maladaptive coping strategies. The mean scores were interpreted as follows: 1.00–2.33 indicated low utilisation of the coping strategy; 2.34–3.67 indicated moderate utilisation of the coping strategy; and 3.68–5.00 indicated high utilisation of the coping strategy. Higher scores on the adaptive coping scale indicated greater use of positive coping strategies. In comparison, higher scores on the maladaptive coping scale indicated greater reliance on negative or potentially harmful coping strategies.

Section IV assessed the role of government interventions in mitigating psychological distress among bereaved street families. The researcher developed the section based on the study objectives and relevant literature on psychosocial support services. It examined respondents' awareness of government programmes and services, the types of government support accessed, and perceptions of the effectiveness of government interventions after bereavement. Responses were measured using a five-point Likert scale where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly

Agree. Mean scores of 1.00–2.33 indicated a low perceived contribution, 2.34–3.67 indicated a moderate perceived contribution, and 3.68–5.00 indicated a high perceived contribution of institutional interventions towards mitigating psychological distress.

Section V assessed the role of non-governmental interventions in mitigating psychological distress among bereaved street families. The section focused on support received from faith-based institutions, hospitals, and non-governmental organisations. Specifically, it examined the types of support received, including emotional counselling, spiritual support, material assistance, financial assistance, medical or mental health services, and follow-up support. It further assessed respondents' perceptions of the effectiveness of institutional support in reducing psychological distress. Responses were measured using a five-point Likert scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree. Composite mean scores were computed and interpreted as follows: 1.00–2.33 = low perceived contribution; 2.34–3.67 = moderate perceived contribution; and 3.68–5.00 = high perceived contribution of non-governmental interventions towards mitigating psychological distress.

This section VI examined the role of community support in mitigating psychological distress following bereavement. The section was informed by the social support literature and by concepts underlying the Multidimensional Scale of Perceived Social Support, developed by Zimet et al. (1988), which emphasises the importance of social relationships in promoting psychological well-being. The section assessed support received from fellow street peers, neighbours, market traders, shop owners, boda boda riders, and other community members. It examined emotional support, material assistance, funeral support, companionship, and perceptions regarding the role of community support in reducing distress. The items were measured using a five-point

Likert scale where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. Composite mean scores were computed to determine the perceived level of community support in mitigating psychological distress. The mean scores were interpreted as follows: 1.00–2.33 indicated low perceived community contribution, 2.34–3.67 indicated moderate perceived contribution, and 3.68–5.00 indicated high perceived contribution towards mitigating psychological distress.

The structured interview schedule also contained several open-ended questions distributed across the sections. These generated qualitative data, enabling respondents to describe their experiences of bereavement, coping, institutional support, and community support in their own words. The qualitative responses complemented the quantitative findings and provided deeper insights into the lived experiences of bereaved street families.

3.6.1.2 Key Informant Interview Guide

A key informant interview guide is a qualitative data-collection instrument used to obtain rich, detailed information from individuals with specialised knowledge, expertise, or experience relevant to the phenomenon under study (Creswell & Creswell, 2023). In this study, a semi-structured key informant interview guide was used to collect in-depth information from stakeholders who support bereaved street families in Eldoret City. The key informants comprised children's officers, social workers, counsellors, hospital-based social workers, representatives of non-governmental organisations and community-based organisations, and leaders of faith institutions involved in providing psychosocial support services to vulnerable populations.

The researcher developed the interview guide based on the study's objectives, the reviewed literature, and the study's conceptual framework. It consisted of seven sections

covering background information, psychological distress among bereaved street families, coping mechanisms, governmental interventions, non-governmental interventions, community support, and recommendations for strengthening psychosocial support services. The guide contained open-ended questions that enabled respondents to provide detailed descriptions, professional experiences, perceptions, and recommendations regarding psychosocial support systems available to bereaved street families.

The semi-structured format was considered appropriate because it provided flexibility to probe and seek clarification while ensuring consistency across all interviews. This enabled the researcher to obtain rich and in-depth information relevant to the study objectives while allowing key informants to express their views and experiences freely.

Data were collected at participants' workplaces, including government offices, hospitals, faith institutions, rehabilitation centres, and the offices of organisations working with street families. Prior to each interview, the researcher explained the purpose of the study, assured participants of confidentiality, and obtained informed consent. With the participants' permission, responses were recorded through note-taking and audio recording to ensure accuracy and completeness of the information collected.

The key informant interviews generated qualitative data that provided contextual and professional insights into the psychological distress experienced by bereaved street families, the coping mechanisms they adopt, the effectiveness of institutional interventions, and the role of community support systems in mitigating psychological distress. The information obtained complemented the quantitative findings and contributed to a deeper understanding of the phenomenon under study.

3.6.1.3 Observation Checklist

An observation checklist was used to collect contextual information and corroborate data obtained through the structured interview schedule and key informant interviews. An observation checklist is a structured research tool used to systematically record and evaluate predefined behaviours, characteristics, or events in a specific setting (Kabir, 2016). The checklist was administered by the researcher and trained research assistants during field visits to locations occupied by street families. Enumerators were required to observe and tick the presence or absence of specified behaviours, interactions, and environmental conditions that were directly observable. These included visible signs of psychological distress, coping behaviours, social interactions, and environmental conditions within the respondents' living environments. Space was also provided for brief field notes describing observations that could not be adequately captured through the checklist items.

The observation checklist utilised a dichotomous scoring format, where Observed = 1 and Not Observed = 0. The observations were analysed using frequencies and percentages and were used primarily to provide contextual information and to triangulate findings from the structured interview schedule and key informant interviews.

Prior to conducting observations, community entry was facilitated through consultations with street leaders and other stakeholders working with street families. Permission to access the study sites was obtained through the recognised street leadership structures, which helped introduce the researcher and research assistants to the community. However, individual informed consent was sought from participants before any interviews or observations involving them were conducted. Participants were informed about the purpose of the study, the voluntary nature of participation, and their right to decline participation without any consequences.

The observation process was conducted in natural settings without interfering with participants' normal activities. Although participants were aware that observations were being conducted, the checklist focused primarily on naturally occurring behaviours and environmental conditions. The observations were not intended to evaluate or judge participants but rather to provide contextual information and support triangulation of findings from the quantitative and qualitative data. This approach minimised the likelihood of observational bias while enhancing the credibility, trustworthiness, and validity of the study's findings.

3.6.2 Pilot Testing of Research Instruments

According to Creswell and Creswell (2023), pilot testing enables researchers to assess the clarity, relevance, feasibility, reliability, and validity of research instruments and identify areas requiring improvement before the commencement of the main study. Therefore, the researcher conducted a pilot study using the structured interview schedule and observation checklist. The pilot study also enabled the researcher to evaluate the suitability of the data collection procedures, estimate the time required to administer the instruments, identify potential field challenges, and make necessary adjustments before the commencement of the main study. Such pilot testing is recommended to refine research instruments and improve data collection procedures prior to full-scale implementation (Saunders et al., 2023).

The pilot involved 10 participants, representing approximately 10% of the intended study sample. The selection of 10% was guided by Mugenda & Mugenda's (2003) methodological recommendations that a pilot study should involve a small but representative proportion of the intended sample to facilitate testing and refinement of research instruments before the main study.

The pilot study was conducted at the Turbo Trading Centre in Uasin Gishu County. The site was selected because it shares characteristics with the study area and target population. Like Eldoret City, Turbo is a commercial and transportation centre that attracts diverse populations and faces socio-economic challenges, including poverty, unemployment, informal economic activities, and vulnerable populations, such as street-connected individuals (KNBS, 2019; Uasin Gishu County Government, 2021). The area also hosts individuals living in conditions similar to those of the study participants, including limited access to formal psychosocial support services and exposure to various social and economic vulnerabilities. These similarities made the site suitable for testing the appropriateness of the research instruments before the main study.

The researcher personally administered the pilot exercise to facilitate a first-hand assessment of the clarity of the questions, the appropriateness of the response options, the flow of the interview schedule, and potential challenges that could arise during the actual data collection process. The structured interview schedule and observation checklist were administered under conditions similar to those anticipated during the main study. Particular attention was given to the comprehensibility of questions, the suitability of Kiswahili translations, the sensitivity of bereavement-related items, and respondents' understanding of the response categories.

Findings from the pilot study indicated that most of the questions were clear, relevant, and understandable to the respondents. However, a few items required minor rephrasing and simplification to improve clarity and comprehension, particularly when administered in Kiswahili. Adjustments were also made to improve the sequencing of questions, enhance the flow of the interview schedule, and clarify selected response options. The pilot further revealed the need to provide additional guidance to research assistants

regarding probing techniques, administration of sensitive questions, and management of emotionally distressed participants.

The pilot study confirmed the suitability of the structured interview schedule and observation checklist for collecting data from the target population. The findings enabled the researcher to refine the instruments and data collection procedures, thereby improving their clarity, consistency, reliability, and effectiveness before the commencement of the main study.

3.6.3 Instrument Reliability

Instrument reliability refers to the degree to which a research instrument consistently measures a phenomenon and produces stable and dependable results under similar conditions (Drost, 2022). A reliable instrument minimises measurement errors and increases confidence that variations in responses reflect actual differences among participants rather than inconsistencies in the instrument itself. Establishing reliability was particularly important in this study because the structured interview schedule contained multiple Likert-scale items measuring psychological distress, coping mechanisms, institutional interventions, and community support among bereaved street families.

Internal consistency reliability was considered most appropriate for the structured interview schedule because the instrument contained multiple items intended to measure related constructs. Consequently, Cronbach's alpha coefficient was used to assess the degree to which items within each scale consistently measured the same construct (Tavakol & Dennick, 2022). Cronbach's alpha was preferred because it is one of the most widely used measures of internal consistency for Likert-scale instruments and indicates how closely related the items within a scale are (Leavy, 2022).

For the observation checklist, inter-rater reliability was considered appropriate because multiple trained research assistants conducted observations. The consistency of observations recorded by different observers was assessed using Krippendorff's alpha coefficient. Krippendorff's alpha was preferred because it accommodates multiple raters and different types of observational data while providing a robust measure of agreement among observers (Krippendorff, 2022). A reliability coefficient of $\alpha \geq .70$ was considered acceptable for both Cronbach's alpha and Krippendorff's alpha coefficients (Taber, 2018; Krippendorff, 2022).

The reliability coefficients obtained from the pilot study are presented in Tables 2 and 3

Table 2

Internal-Consistency Reliability of the Multi-Item Scales

Scale	Number of items	n	Cronbach's α
Psychological distress	10	79	0.84
Coping strategies	26	79	0.56
Role of government intervention	6	79	0.97
Role of non- governmental intervention	5	79	0.92
Community role	5	79	0.97

Source (Field Data, 2026)

The psychological distress scale ($\alpha = .84$) demonstrated good internal consistency reliability, indicating that the items consistently measured psychological distress among bereaved street families. The government interventions scale ($\alpha = .97$), non-governmental interventions scale ($\alpha = .92$), and community support scale ($\alpha = .97$) demonstrated excellent internal consistency reliability, suggesting a high degree of consistency among the items measuring the respective psychosocial support ecosystem

constructs. These reliability coefficients exceeded the recommended threshold of .70, confirming the suitability of the scales for further statistical analysis.

The coping strategies scale yielded a Cronbach's alpha of .56, which falls below the recommended threshold of .70 and indicates questionable internal consistency. The relatively low coefficient may be attributed to the scale's multidimensional nature, which encompasses a range of adaptive and maladaptive coping responses that reflect diverse approaches to managing bereavement-related distress. Despite the lower reliability coefficient, the scale was retained because coping strategies constituted an important component of the psychosocial experiences of bereaved street families and provided valuable contextual information for understanding how participants managed grief and loss. Furthermore, qualitative findings were used to complement the quantitative results, thereby providing a richer and more comprehensive understanding of coping responses among the study participants.

Table 3

Inter-Rater Reliability of the Observation Checklist

Observation Category	Number of items	Number of Ratters	Krippendorff's α
Visible signs of psychological distress	6	5	0.79
Visible coping behaviours	4	5	0.83
Social interaction observed	4	5	0.81
Environmental conditions observed	5	5	0.84
Overall observation checklist	19	5	0.81

Source (Author, 2026)

The observation checklist demonstrated acceptable to substantial inter-rater reliability across the different observation categories. Visible coping behaviours (α = .83), environmental conditions observed (α = .84), social interaction observed (α = .81), and the overall observation checklist (α = .81) demonstrated substantial agreement among the observers, while visible signs of psychological distress (α = .79) demonstrated acceptable agreement. The relatively high level of agreement may be attributed to prior training of enumerators, the use of standardised observation indicators, and supervision during fieldwork.

In addition, methodological reliability was enhanced through triangulation, whereby data collected through the structured interview schedule, key informant interviews, and observation checklist were compared and integrated to improve the consistency and trustworthiness of the findings (Hesse-Biber, 2021).

3.6.4 Instrument Validity

Validity refers to the extent to which a research instrument accurately measures what it is intended to measure and the degree to which the findings appropriately represent the phenomenon under investigation (Leavy, 2022). Establishing validity was important in this study to ensure that the instruments accurately captured psychological distress, coping mechanisms, institutional interventions, and community support among bereaved street families.

Several forms of validity were considered in this study, including content, construct, and face validity. Content validity was considered particularly important because the study employed researcher-modified instruments. Content validity was established through expert review by the supervisors and specialists in counselling psychology and research methodology. The experts examined the relevance, clarity, adequacy, and

representativeness of the items in relation to the study objectives and provided recommendations to inform the revision of the instruments (Polit & Beck, 2021).

Construct validity refers to the extent to which an instrument accurately measures the theoretical construct it is intended to assess (Hair et al., 2019). Construct validity was enhanced by adapting items from established instruments and theoretical frameworks. The psychological distress items were adapted from the Kessler Psychological Distress Scale (K10). At the same time, the coping mechanisms section drew from the Brief COPE Inventory and the Dual Process Model of Coping with Bereavement. The community support and institutional intervention sections were developed from existing social support and psychosocial support literature. This ensured that the instrument items reflected the theoretical concepts under investigation.

Face validity refers to the extent to which an instrument appears to measure what it is intended to measure from the perspective of respondents and experts (Connell, 2018; Leavy, 2022). Face validity was assessed during the pilot study conducted in the Turbo Trading Centre. Feedback from participants indicated that the items were understandable, relevant, and appropriate to their experiences. Suggestions obtained during the pilot study informed minor revisions to the wording, sequencing, and response categories, thereby improving the clarity and suitability of the instruments prior to the main data collection.

3.6.5 Data Collection Procedure

Data collection commenced after obtaining ethical approval from the African Nazarene University Ethics Review Committee and a research permit from the National Commission for Science, Technology and Innovation (NACOSTI). Thereafter, permission to conduct the study was sought from the Uasin Gishu County Government

through the Department of Social Protection. These approvals provided the legal and ethical basis for conducting the study among bereaved street families in Eldoret City.

Following the approval process, prior to the main data collection, the researcher conducted a pilot study at the Turbo Trading Centre in Uasin Gishu County to assess the clarity, relevance, and suitability of the structured interview schedule and observation checklist. The pilot also enabled the researcher to evaluate the data collection procedures, identify potential field challenges, and make necessary revisions to the instruments before the actual study. Feedback from pilot participants informed minor modifications to the wording, sequencing, and administration of the instruments, thereby enhancing their effectiveness and usability in the main study.

After refining the tools, the researcher conducted preliminary visits to the study sites to familiarise herself with the study environment and establish rapport with key stakeholders. During these visits, consultations were held with social workers, children's officers, rehabilitation officers, community-based organisations, faith-based organisations, and other stakeholders who work with street-connected populations. These consultations helped the researcher gain a better understanding of the street-family population, identify areas where street families commonly resided or congregated, and determine appropriate entry procedures into the community.

Community entry was facilitated through the recognised leadership structures within the street community. The researcher first engaged street leaders, commonly referred to as street presidents, who acted as gatekeepers and representatives of different groups within the street-family population. The purpose of the study was explained to the leaders, and their cooperation was sought in identifying locations where street families lived, worked, sought support, or spent most of their time. Through these engagements, the researcher

was introduced to potential participants and gained acceptance within the community, thereby enhancing trust and cooperation during data collection.

With assistance from the street leadership and community stakeholders, the researcher identified the main study sites, including the Langas area, the Kipkaren area, the Eldoret Central Business District (CBD), the West Market area, the Eldoret Main Stage, the Kona Mbaya area, Kisumu Road, and areas around the dumpsite. These locations were selected because they were known gathering points and living spaces for street families. Initial participants who met the study criteria were purposively identified with assistance from the street leaders. Subsequently, additional eligible participants were identified through referrals from previously interviewed respondents using a snowball sampling approach. This process was particularly useful because bereaved street families constitute a highly mobile population for which no formal sampling frame exists.

The researcher was assisted by four trained research assistants during data collection, who were selected based on their educational background, prior experience in community-based data collection, proficiency in English and Kiswahili, and ability to interact respectfully and sensitively with vulnerable populations. Prior to data collection, the research assistants underwent training on the study's objectives, ethical principles of research, informed consent procedures, confidentiality, administration of research instruments, interviewing techniques, management of sensitive information, observation procedures, and appropriate responses to emotionally distressed participants. The training also emphasised consistency in the interpretation and administration of questions to minimise interviewer bias and enhance data quality.

Before each interview, the researcher or research assistant introduced themselves, explained the purpose of the study, and informed participants that participation was

voluntary. Respondents were assured that no names would be recorded and that all information provided would remain confidential and be used solely for academic purposes. Informed consent was then obtained from each participant before the interview commenced.

Quantitative data were collected using a structured interview schedule administered face-to-face to 95 bereaved members of street families. Interviews were conducted on-site at locations convenient to the participants, including areas where they lived, worked, or congregated. Although the interview schedule was developed in English, most interviews were conducted in Kiswahili because it was the language most commonly understood by the respondents. To ensure that the meaning of the questions was not distorted, the research assistants were trained to use standardised translations and explanations during administration. Responses were recorded directly on the interview schedules by the interviewer.

Qualitative data were collected through key informant interviews with children's officers, social workers, counsellors, hospital-based social workers, faith leaders, and representatives of non-governmental organisations involved in supporting street families. The interviews were conducted at the participants' workplaces, including government offices, health facilities, faith institutions, rehabilitation centres, and non-governmental organisation offices. The interviews explored participants' experiences and perspectives regarding psychological distress, coping mechanisms, institutional interventions, and community support systems available to bereaved street families.

An observation checklist was used concurrently to document visible signs of psychological distress, coping behaviours, social interactions, and environmental conditions within the study sites. The observations were conducted by the researcher and

trained research assistants in natural settings without interfering with participants' normal activities. Enumerators recorded observations by ticking the relevant categories on the checklist and documenting additional field notes where necessary. Community entry for observations was facilitated through the street leadership; however, individual consent was obtained from participants before observations involving them were undertaken.

Given the sensitive nature of bereavement-related discussions, measures were implemented to safeguard participants' emotional well-being. Interviews were conducted in a respectful and supportive manner, and participants were informed that they could decline to answer any question or withdraw from the study at any stage without any consequences. When participants exhibited signs of emotional distress during the interview, the interview was paused, and appropriate psychosocial support or referral pathways were provided through available counsellors, social workers, or relevant support services.

At the end of each day, the researcher reviewed completed interview schedules, observation checklists, and interview notes to ensure completeness, consistency, and accuracy. Any identified missing information or inconsistencies were addressed promptly to enhance the quality and integrity of the collected data.

3.7 Data Analysis

Quantitative data obtained from the structured interview schedule were coded, entered, cleaned, and analysed using the Statistical Package for the Social Sciences (SPSS) version 26. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarise demographic characteristics and study variables.

Inferential statistics were employed to examine relationships and differences among variables (Webb, 2026). An independent samples t-test was used to assess differences in psychological distress by gender. One-Way Analysis of Variance (ANOVA) was conducted to determine differences in psychological distress across age groups, duration on the streets, and time since bereavement. Pearson's Product-Moment Correlation Coefficient was used to assess the strength and direction of the relationship between psychological distress and components of the psychosocial support ecosystem.

The observational data were also subjected to statistical analysis. The observations were recorded during fieldwork and used to complement, corroborate, and enrich findings obtained from the structured interviews and key informant interviews. The observational findings contributed to data triangulation by providing direct field-based evidence that supported the interpretation of both quantitative and qualitative findings.

Qualitative data obtained from key informant interviews and observations were transcribed, coded, and analysed thematically following Braun and Clarke's (2006) six-step thematic analysis framework. The analysis involved familiarisation with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and finally producing the final report. NVivo software was used to facilitate data management, coding, organisation, and retrieval of qualitative data.

Following separate analyses, quantitative, qualitative and observational findings were merged and compared during the interpretation stage. Areas of convergence, divergence, and complementarity between the two datasets were identified to deepen understanding of the experiences of bereaved street families and the role of the psychosocial support ecosystem in mitigating psychological distress.

3.8 Legal and Ethical Considerations

Ethical considerations are fundamental in research involving human participants because they protect participants' rights, dignity, privacy, safety, and well-being throughout the research process (Leavy, 2022). Given that this study involved bereaved street families, a vulnerable population, it was guided by the ethical principles of respect for persons, beneficence, non-maleficence, and justice as outlined in the Belmont Report (The National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research, 1979).

Prior to data collection, ethical approval was obtained from the African Nazarene University Institutional Review Board (IRB). Thereafter, a research permit was obtained from the National Commission for Science, Technology and Innovation (NACOSTI). Authorisation to conduct the study was also obtained from the Uasin Gishu County Government through the Department of Social Protection.

Participation in the study was voluntary. The purpose of the study, procedures involved, potential risks and benefits, and participants' rights were explained before data collection commenced. Informed consent was obtained from all participants. Respondents were informed that they were free to decline to participate, refuse to answer any question, or withdraw from the study at any stage without penalty or adverse consequences. Although access to the study sites was facilitated through street leadership structures, individual consent was obtained from every participant.

Confidentiality and anonymity were maintained throughout the study. Participants were not required to provide their names, and identification codes were used in place of personal identifiers. Information collected during the study was treated as confidential and used strictly for academic purposes. Quantitative data were recorded using coded interview schedules, while qualitative data obtained through key informant interviews

were audio-recorded only after obtaining participants' permission. During transcription, all names and identifying information were removed to ensure anonymity. Interview recordings, transcripts, observation notes, and completed research instruments were securely stored in password-protected electronic files and locked storage facilities accessible only to the researcher and supervisors.

Given the sensitive nature of bereavement-related discussions, data collection was conducted using a trauma-informed approach. Participants were treated with dignity, empathy, and respect throughout the interview process. Respondents who became emotionally distressed during the interviews were allowed to pause or discontinue participation. Where necessary, referrals were made to counsellors, social workers, or relevant psychosocial support services available within Eldoret City.

The researcher was assisted by four trained research assistants who possessed qualifications in Counselling Psychology. Prior to fieldwork, the research assistants received training in ethical conduct, informed consent procedures, confidentiality, administration of research instruments, and appropriate management of emotionally distressed participants to ensure that ethical standards were consistently upheld throughout the study.

In appreciation for their time and participation, respondents were provided with milk and bread after completing the interview. The refreshment was offered only after participation and was not communicated as a condition for participation. It was therefore intended solely as a gesture of appreciation and did not constitute coercion or undue influence on participation (Council for International Organisations of Medical Sciences (CIOMS), 2021).

The study further complied with the Data Protection Act, 2019 of Kenya, which governs the collection, storage, processing, and sharing of personal information (Government of Kenya, 2019). All findings were reported honestly and in aggregate form to protect participants' identities and ensure that no individual respondent could be identified from the research findings.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter presents the study's findings on the role of the psychosocial support ecosystem in mitigating psychological distress among bereaved street families in Eldoret City, Kenya. It outlines the response rate, demographic characteristics of respondents, reliability of measurement scales, quantitative and qualitative findings based on the study objectives, inferential analysis, and field observation checklist analysis.

4.2 Response Rate

The study targeted 95 bereaved street family members for the quantitative phase and 12 key informants for the qualitative phase. Out of the 95 structured interview schedules administered to bereaved street family members, 79 were fully completed and returned, representing a response rate of 83.2%. The remaining 16 structured schedules were either incomplete or not returned and were therefore excluded from the analysis. In addition, all 12 key informants participated in the interviews, yielding a 100% response rate for the qualitative phase.

According to Taherdoost (2022), response rates above 70% are generally considered satisfactory because they improve the representativeness of the sample and reduce the risk of non-response bias. Similarly, Atchison et al. (2025) argue that higher response rates enhance the credibility and reliability of study findings. Therefore, the 83.2% response rate achieved in this study was considered adequate for data analysis and interpretation.

Table 4

Response Rate

Category	Target Sample	Actual Response	Response Rate (%)
Bereaved Street Family Members	95	79	83.2%
Key Informants	12	12	100%
Total	107	91	85.0%

Source (Field data, 2026)

The findings in Table 4 indicate that the study achieved an overall response rate of 85.0%, which was considered adequate for the study

4.3 Demographic Characteristics of the Respondents

This section presents the demographic characteristics of the respondents who participated in the study. Demographic information was considered important in providing contextual understanding of the participants and facilitating interpretation of the study findings. The respondents comprised bereaved street-family members and key informants drawn from institutions that support street-connected populations. The characteristics examined included age, gender, duration of street involvement, location within Eldoret City, relationship with the deceased, time since bereavement, professional role, and duration of experience working with street families. The findings are presented in figures and descriptive summaries to provide a clear understanding of the background characteristics of the study participants.

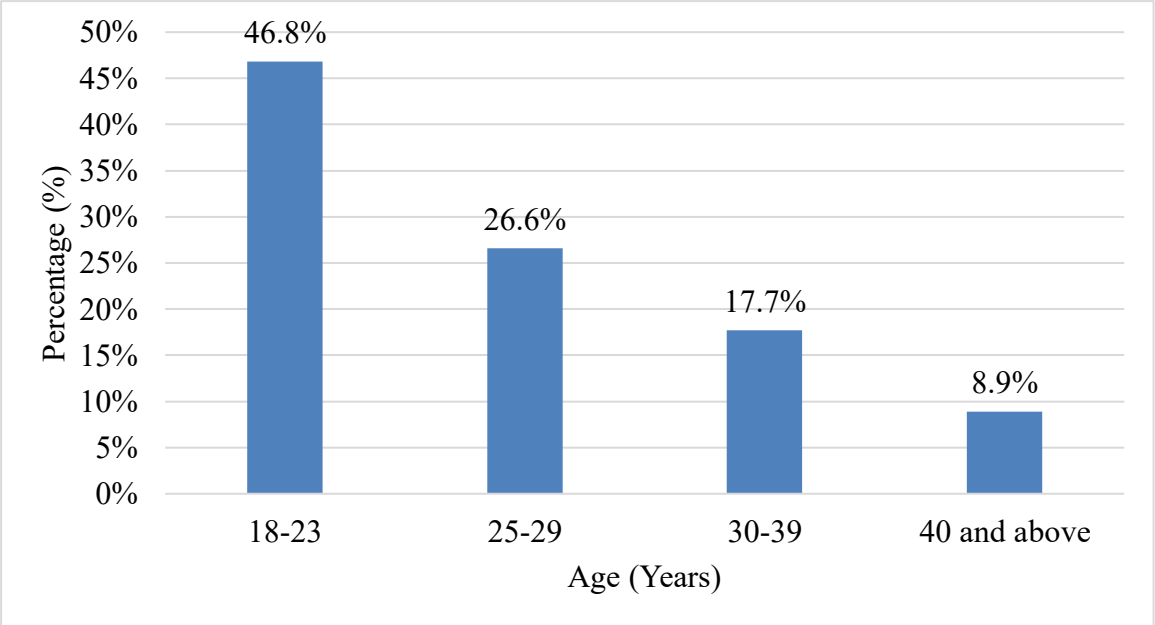
4.3.1 Demographic Characteristics of the Bereaved Street Families

This section presents demographic characteristics of bereaved street family members who participated in the study. The characteristics examined included age, gender, duration of street involvement, location within Eldoret City, relationship to the deceased,

and time since bereavement. Demographic characteristics were analysed using descriptive statistics, specifically frequencies and percentages. The findings are presented using bar graphs and pie charts to provide background information on the respondents and contextualise the study findings.

Figure 2

Age Distribution of Bereaved Street Families



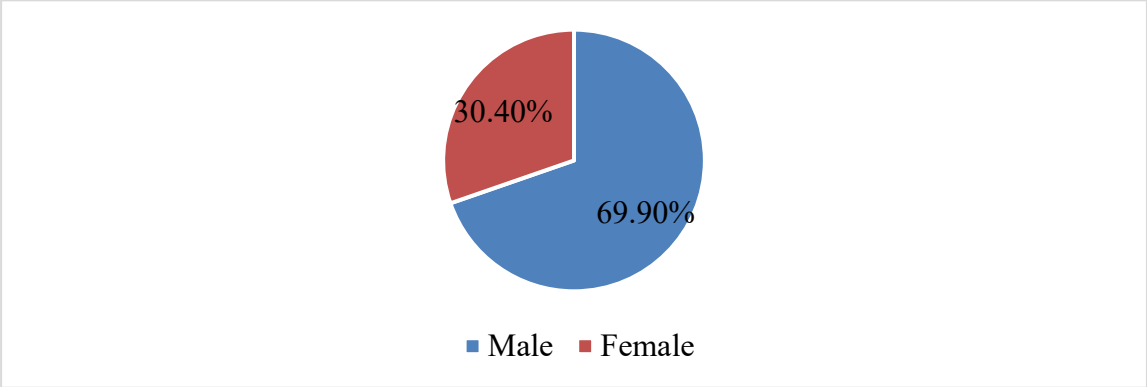
Note: Total *N*=79

Source (Field Data, 2026)

Figure 2 presents the age distribution of the bereaved street family members who participated in the study. The findings indicate that the largest share of respondents was young adults aged 18- 23 years (46.8%), followed by those aged 24–29 years (26.6%). Respondents aged 30–39 years accounted for 17.7%, while those aged 40 years and above constituted 8.9% of the sample.

Figure 3

Gender Distribution of Bereaved Street Families



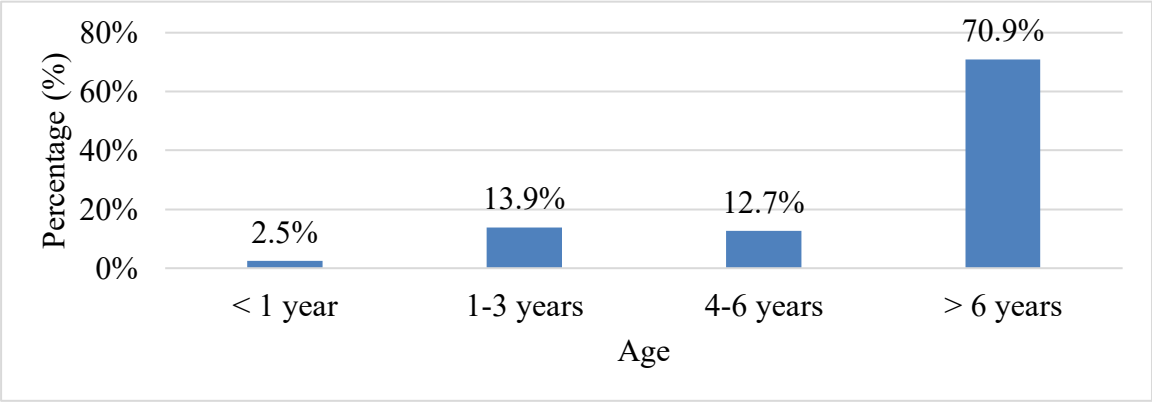
Note: Number of males= 55, number of females= 24, total *N*=79.

Source (Field Data, 2026)

Figure 3 presents the findings on respondents' gender. Males comprised the largest share of respondents (69.6%), while females accounted for 30.4%. The findings suggest that bereaved street families in Eldoret City are predominantly young adult males, reflecting the demographic profile commonly observed among street-connected populations.

Figure 4

Duration on the Streets

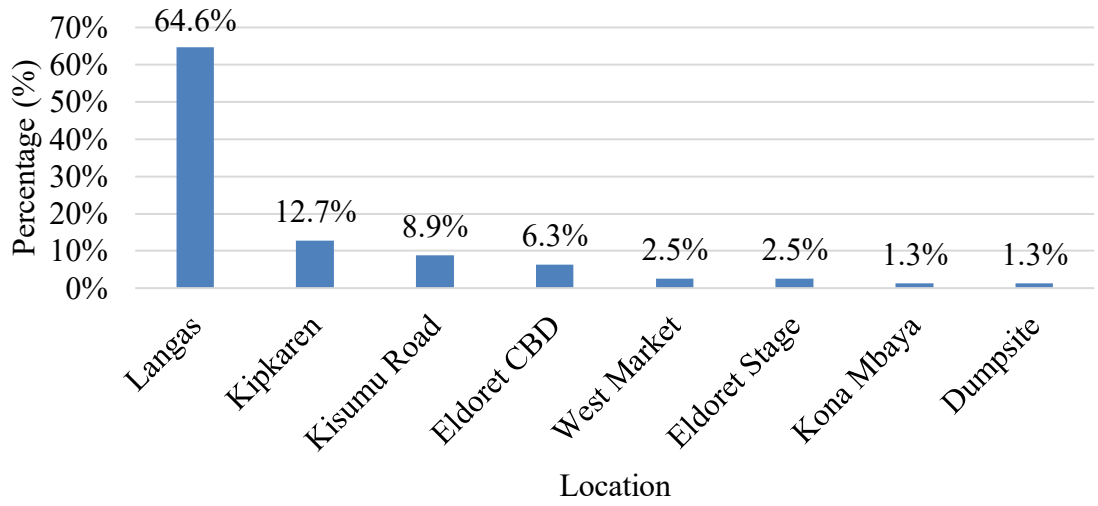


Source (Field Data, 2026)

Figure 4 presents findings regarding duration in the street, the highest portion of respondents (70.9%) had resided on the streets for more than six years, while (13.9%) had spent between one and three years on the streets, (12.7%) had spent between four and six years, and only (2.5%) had been on the streets for less than one year. The findings indicate that most respondents had prolonged exposure to street life.

Figure 5

Locations within Eldoret City where Respondents Reside

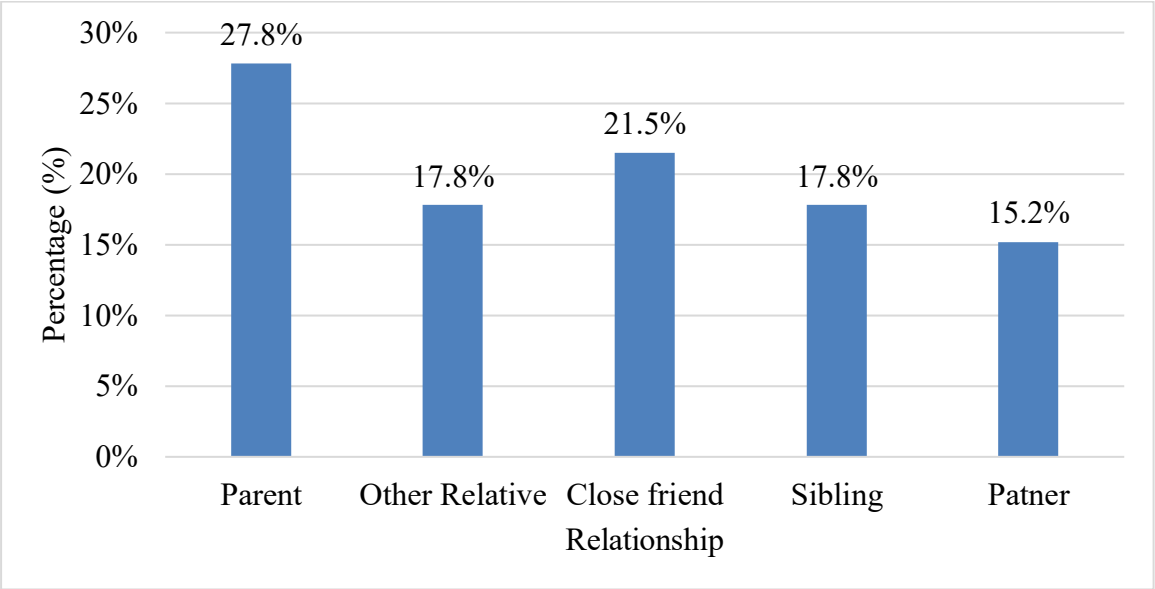


Source (Field Data, 2026)

Figure 5 presents findings on location: the largest share of respondents was drawn from Langas (64.6%), followed by Kipkaren (12.7%) and Kisumu Road (8.9%). Smaller proportions were drawn from Eldoret CBD (6.3%), West Market (2.5%), Eldoret Stage (2.5%), Kona-Mbaya (1.3%), and the Dumpsite area (1.3%). The findings indicate that most respondents were concentrated in the Langas area, known to host sizeable street-family populations.

Figure 6

Relationship with the Deceased

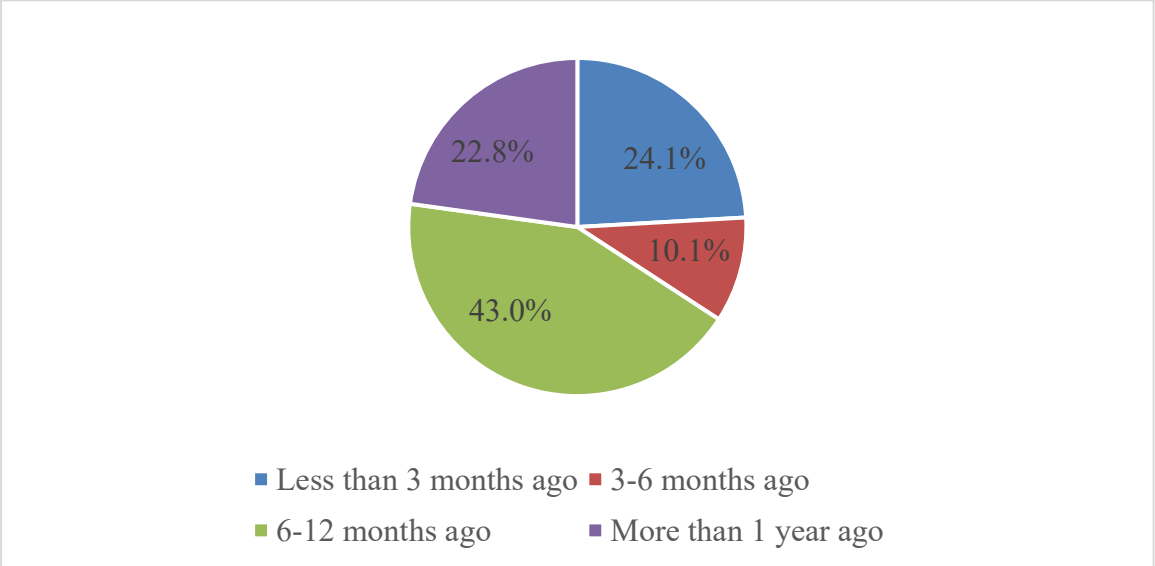


Source (Field Data, 2026)

Figure 6 shows the relationship of respondents with the deceased person. Parents constituted the largest category of deceased persons (27.8%), followed by close friends (21.5%), while siblings and other relatives each accounted for 17.8%, and partners represented 15.2% of the losses reported by respondents. This indicated that respondents' losses spanned a range of close and significant relationships.

Figure 7

Time since Bereavement



Source (Field Data, 2026)

Figure 7 presents the time since respondents experienced the loss of their close person. The highest proportion of respondents (43.0%) had experienced a loss between six and twelve months prior to the study, (24.1%) had experienced a loss within the previous three months, (22.8%) had experienced a loss more than one year earlier, while (10.1%) had experienced a loss between three and six months before the study. These findings indicate that respondents were at different stages of the bereavement process, providing a suitable basis for examining the influence of psychosocial support ecosystems on psychological distress among bereaved street families.

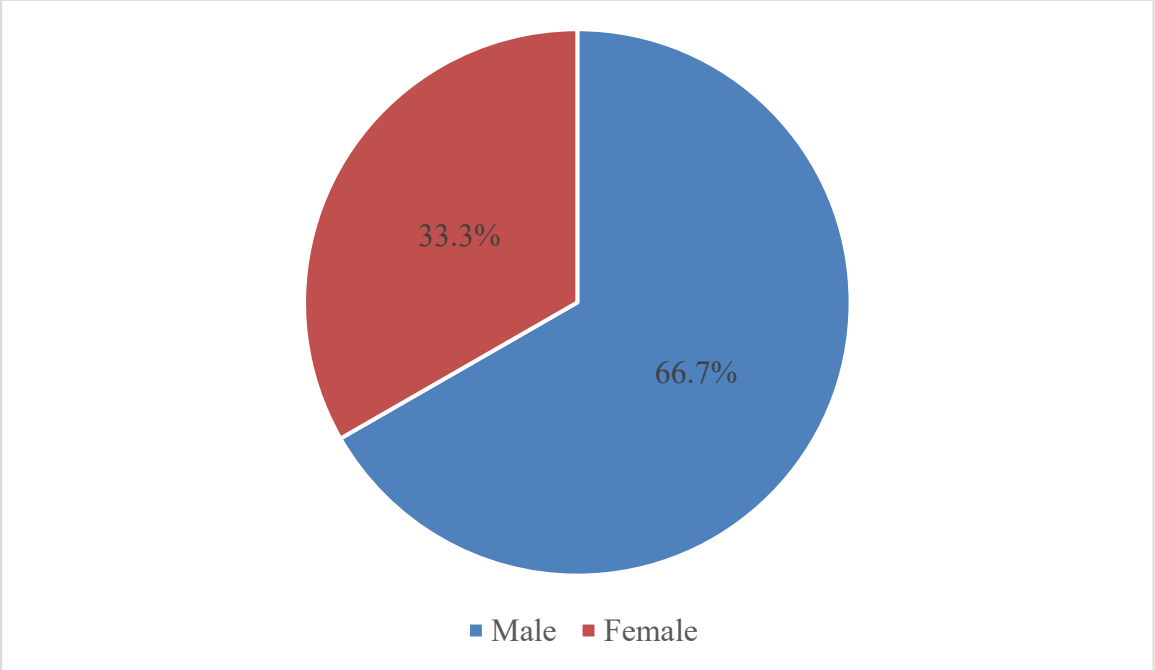
4.3.2 Demographic Characteristics of the Key Informants

This section presents the demographic characteristics of the key informants who participated in the study. The characteristics examined include gender, duration of experience working with street families, and professional role. These characteristics were considered important for understanding the informants' backgrounds and expertise,

as well as their relevance to the study. The findings are presented using figures to provide a visual summary of the participants' characteristics.

Figure 8

Gender Distribution for Key Informants



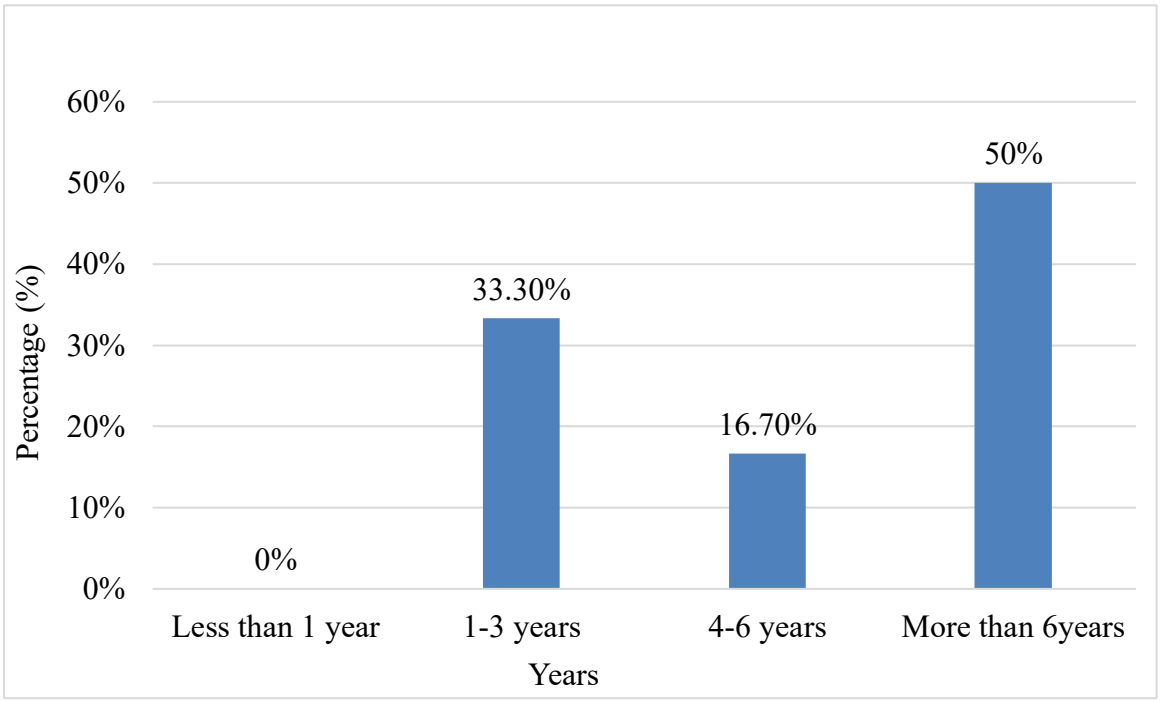
Note: Number of males= 8, number of females= 4, total *N*=12.

Source (Field Data, 2026)

Figure 8 presents the gender distribution of the key informants. The findings indicate that males constituted the highest proportion of key informants (66.7%), while females accounted for 33.3%. This suggests that male professionals were well-represented among the institutions supporting street-connected populations in the study area.

Figure 9

Duration of Experience Working with Street Families

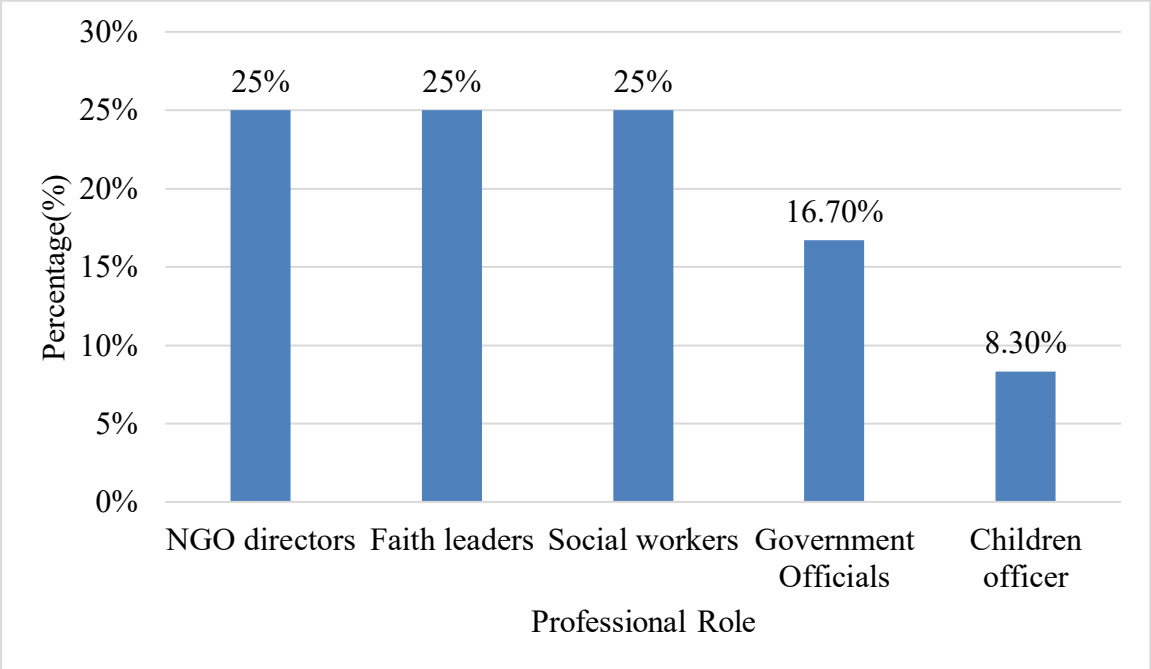


Source (Field Data, 2026)

Figure 9 presents the duration of experience of key informants working with street families and other vulnerable populations. Regarding experience working with street families and other vulnerable populations, half of the informants (50.0%) had more than six years of experience, (16.7%) had between 4-6 years of experience, while (33.3%) had between 1-3 years of experience. This suggests that most informants had substantial experience and knowledge of the challenges and support needs of street-connected populations.

Figure 10

Professional Role of Key Informants



Source (Field Data, 2026)

Figure 10 presents the findings of the professional roles of the key informants who participated in the study. The key informants were drawn from diverse professional backgrounds, including NGO directors (25.0%), faith leaders (25.0%), social workers (25.0%), government officials (16.7%), and a children's officer (8.3%). The diversity of professional roles enabled the study to gather perspectives from multiple stakeholders involved in providing psychosocial support services to street-connected populations.

4.4 Presentation of Research Analysis and Findings

This section presents the research analysis and findings in line with the research objectives.

4.4.1 Level of Psychological Distress among Bereaved Street Families

The first objective sought to examine the level of psychological distress experienced by bereaved street families following the loss of a loved one. Psychological distress was assessed using a ten-item psychological distress scale adapted from the Kessler Psychological Distress Scale (K10). Respondents were asked to indicate the frequency with which they experienced various symptoms of psychological distress on a five-point scale ranging from 1 (Never) to 5 (Always). The level of psychological distress was determined by computing composite mean scores for the psychological distress items. The mean scores were interpreted as follows: 1.00–2.33 indicated a low level of psychological distress, 2.34–3.67 indicated a moderate level of psychological distress, and 3.68–5.00 indicated a high level of psychological distress. Higher mean scores reflected higher levels of psychological distress among bereaved street family members. The findings are presented in Table 5.

Table 5

Descriptive Statistics for Level of Psychological Distress

Item	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Always (%)	M	SD	Var
I have felt sad since the loss	0.0	12.7	12.7	30.4	44.3	4.06	1.04	1.09
I have felt empty since the loss	0.0	24.1	12.7	40.5	22.8	3.62	1.09	1.19
I have had trouble sleeping	8.9	27.8	36.7	24.1	2.5	2.84	0.98	0.96
I have felt unsafe	0.0	3.8	39.2	46.8	10.1	3.63	0.72	0.52
I have felt lonely	0.0	25.3	11.4	38.0	25.3	3.63	1.12	1.26
I have felt hopeless	8.9	26.6	17.7	32.9	13.9	3.16	1.22	1.50
I have preferred to be alone	0.0	2.5	62.0	24.1	11.4	3.44	0.73	0.53

I have been haunted by memories of the deceased	11.4	22.8	36.7	29.1	0.0	2.84	0.98	0.96
I have avoided thinking of the deceased	11.4	27.8	26.6	34.2	0.0	2.84	1.03	1.06
I have used substances to cope	0.0	12.7	3.8	20.3	63.3	4.34	1.04	1.07

Weighted Average = 3.44

Source (Field Data, 2026)

The descriptive statistics in Table 5 indicate that bereaved street families experienced moderate levels of psychological distress following the loss of a loved one, with a weighted mean of 3.44. The highest mean score was recorded for substance use as a coping response to grief (M = 4.34), followed by persistent sadness following the loss (M = 4.06). Respondents also reported relatively high levels of feeling unsafe (M = 3.63), loneliness (M = 3.63), emotional emptiness (M = 3.62), and preference for social isolation (M = 3.44). Moderate levels of hopelessness were also reported (M = 3.16). These findings suggest that bereavement among street families is associated with substantial emotional, social, and psychological challenges.

4.4.1.1 Qualitative Findings on Psychological Distress

The quantitative findings were supported by qualitative data from key informant interviews (KIIs) and open-ended survey responses. These data revealed several manifestations of psychological distress among bereaved street families, including compounded and chronic distress, emotional withdrawal, aggression, substance abuse, and stigma-related suffering. Most informants explained that street families experience grief within an already difficult environment characterised by poverty, insecurity, repeated losses, and a lack of stable support systems. For example, one key informant

explained, “Street families already lack stable support systems. So when loss occurs, it compounds existing vulnerabilities” (KII 5). Similarly, another key informant noted, “Many have already gone through multiple losses, so the grief becomes cumulative, making grief harder to deal with” (KII 7). These responses suggest that bereavement among street families rarely occurs in isolation. Instead, it compounds existing social and psychological challenges, thereby increasing vulnerability to psychological distress.

The interviews also revealed that many bereaved street families suppressed their emotions because immediate survival needs took priority over mourning. This theme corresponded with the quantitative findings on loneliness, hopelessness, and a preference for isolation. As one key informant stated, “Street families are forced to balance survival with mourning, which often leads to suppression of emotions” (KII 10).

In addition, the qualitative findings supported the high levels of substance use, aggression, anger, and risky behaviours reported in the quantitative data. Informants consistently identified substance use as a common coping mechanism among bereaved street families. One respondent observed:

> During the burial ceremony of their member, they exhibit aggression, self-harm behaviours, substance abuse, anger, sadness, and withdrawal. They smoke ‘bhang’ on the gravesite while chanting the name of the deceased. (K02)

The interviews further revealed that stigma and discrimination intensified emotional suffering among bereaved street families. Informants explained that societal rejection and stereotyping contributed to feelings of insecurity, hopelessness, and emotional pain. For instance, one participant explained, “They are affected by societal stereotyping, which intensifies their emotional pain” (K07).

The qualitative findings demonstrate that bereaved street families experience psychological distress within a context characterised by poverty, repeated loss, stigma, social exclusion, and limited support systems. These experiences contribute to emotional suffering and may influence how psychological distress is experienced across different groups of bereaved street family members.

Field observations provided additional evidence on the manifestations of psychological distress among bereaved street family members. Observable indicators included tearful or watery eyes, social withdrawal, and restless movements, startle responses, and slumped posture. Although these behaviours were not observed among all respondents, the observations confirmed the presence of emotional and psychological distress among some bereaved street family members during the period of data collection.

The quantitative findings yielded an overall weighted mean score of 3.44, indicating a moderate level of psychological distress among bereaved street families. The qualitative findings and field observations corroborated this result by revealing experiences of cumulative grief, prolonged distress, emotional suppression, aggression, substance use, and unresolved loss. Collectively, the findings suggest that bereavement occurs within an already vulnerable social and economic environment, thereby contributing to considerable psychological distress among bereaved street families.

4.4.1.2. Coping Responses Associated with Psychological Distress

In addition to examining the level of psychological distress, the study explored the coping responses adopted by bereaved street families. Coping responses were examined to provide a deeper understanding of how respondents managed grief-related distress following bereavement. The coping items drew from the Brief COPE Inventory developed by Carver (1997). The coping items were grouped into two categories:

adaptive coping mechanisms and maladaptive coping mechanisms. Respondents rated the items on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The mean scores were interpreted as follows: 1.00–2.33 indicated low utilisation of the coping strategy, 2.34–3.67 indicated moderate utilisation of the coping strategy, and 3.68–5.00 indicated high utilisation of the coping strategy. Higher scores on the adaptive coping scale indicated greater use of positive coping strategies. In comparison, higher scores on the maladaptive coping scale indicated greater reliance on negative or potentially harmful coping strategies.

Tables 4.10 and 4.11 present the percentage distributions, weighted means, standard deviations, and variances of the responses.

4.4.1.2.1 Adaptive Coping Mechanisms Adopted by Bereaved Street Families

The findings of the adaptive coping mechanisms adopted by bereaved street families are presented in Table 6.

Table 6

Descriptive Statistics for Adaptive Coping Mechanisms

Item	SD (%)	D (%)	N (%)	A (%)	SA (%)	M	SD	Var
I have accepted the loss	0.0	0.0	15.2	36.7	48.1	4.33	0.73	0.53
I have found meaning in the loss	0.0	2.5	10.1	84.8	2.5	3.87	0.46	0.21
I focus on positive thoughts	0.0	10.1	2.5	84.8	2.5	3.80	0.65	0.42
I find comfort in memories of the deceased	0.0	5.1	21.5	73.4	0.0	3.68	0.57	0.32
I motivate myself to improve my life after the loss	0.0	2.5	34.2	53.2	10.1	3.71	0.68	0.47
I engage in personal reflection	0.0	2.5	40.5	57.0	0.0	3.54	0.55	0.30
I remind myself I am strong enough	0.0	0.0	39.2	48.1	12.7	3.73	0.67	0.45

I focus on one day at a time	0.0	12.7	13.9	43.0	30.4	3.91	0.98	0.95
I permit myself to rest	0.0	2.5	27.8	12.7	57.0	4.24	0.95	0.90
I encourage myself to keep going	0.0	2.5	1.3	31.6	64.6	4.58	0.65	0.43
I talked to peers about the loss	0.0	0.0	35.4	46.8	17.7	3.82	0.71	0.51
I sought support from family members	27.8	21.5	15.2	35.4	0.0	2.58	1.24	1.53
I engaged in prayer	12.7	35.4	17.7	21.5	12.7	2.86	1.26	1.58
I allow myself to cry	8.9	5.1	46.8	39.2	0.0	3.16	0.88	0.78
I shared my experiences with others	8.9	2.5	13.9	49.4	25.3	3.80	1.13	1.27
I sought counselling	12.7	12.7	21.5	30.4	22.8	3.38	1.31	1.73
I received emotional support	49.4	12.7	10.1	7.6	20.3	2.37	1.62	2.62

Weighted Average = 3.61

Source (Field Data, 2026)

The findings presented in Table 6 indicate that respondents adopted several adaptive coping mechanisms following bereavement. The most highly endorsed adaptive coping strategy was encouraging oneself to keep going after the loss (M = 4.58, SD = 0.65). High levels of agreement were also observed for acceptance of the loss (M = 4.33, SD = 0.73). Similarly, permitting oneself to rest emerged as an important coping mechanism (M = 4.24, SD = 0.95).

The data further show that respondents relied on emotionally focused coping strategies. Focusing on one day at a time following the loss (M = 3.91, SD = 0.98). Peer support was also evident (M = 3.82, SD = 0.71), and they shared their experiences with others after bereavement (M = 3.80, SD = 1.13). These findings suggest that self-motivation, acceptance, and peer interaction were important sources of resilience among bereaved street families.

However, lower mean scores were reported for seeking support from family members (M = 2.58, SD = 1.24), engaging in prayer (M = 2.86, SD = 1.26), and receiving emotional support (M = 2.37, SD = 1.62). The relatively low scores on these items may indicate limited access to family and formal support networks among street-connected individuals.

4.4.1.2.2 Qualitative Findings for Adaptive Coping adopted by Bereaved Street Families

The quantitative findings were supported by qualitative data from key informant interviews, which revealed that bereaved street families adopted multiple coping strategies depending on their circumstances and available support systems. Most informants identified peer support and solidarity as among the strongest coping mechanisms for street families. For example, one key informant explained, “We use something we call ‘Zetu Zetu.’ It means we deal with our problems ourselves… we stand together and help each other during difficult times” (KII 9).

The interviews also revealed that counselling, prayer, and faith-based support played an important role in helping bereaved street families cope with grief. One participant explained, “Through counselling, individuals begin to understand grief as a natural process and are guided toward healthier coping strategies” (KII 2). This observation suggests that counselling interventions may promote adaptive coping by helping bereaved individuals process loss and develop healthier responses to grief.

4.4.1.2.3 Maladaptive Coping Mechanisms Adopted by Bereaved Street Families

The findings of the maladaptive coping mechanisms adopted by bereaved street families are presented in Table 7

Table 7

Descriptive Statistics for Maladaptive Coping Mechanisms

Item	SD (%)	D (%)	N (%)	A (%)	SA (%)	M	SD	Var
I distract myself to avoid thinking about the loss	8.9	12.7	38.0	40.5	0.0	3.10	0.94	0.89
I used drugs to help me cope	12.7	0.0	0.0	27.8	59.5	4.22	1.31	1.71
I avoided thinking of the loved one	2.5	2.5	35.4	38.0	21.5	3.73	0.92	0.84
I kept away from people	0.0	11.4	57.0	31.6	0.0	3.20	0.63	0.39
I do not want to talk about the loss	17.7	45.6	22.8	11.4	2.5	2.35	0.99	0.98
I blocked my thoughts about the deceased	2.5	57.0	12.7	22.8	5.1	2.71	1.01	1.03
I kept myself constantly busy to avoid the loss	0.0	0.0	19.0	70.9	10.1	3.91	0.54	0.29
I avoided places that remind me of the deceased	0.0	8.9	29.1	44.3	17.7	3.71	0.86	0.75
I engaged in distracting behaviours	0.0	10.1	13.9	51.9	24.1	3.90	0.89	0.78

Weighted Average = 3.43

Source (Field Data, 2026)

The findings presented in Table 7 indicate that respondents also adopted several maladaptive coping mechanisms following bereavement. Substance use emerged as the most prominent maladaptive coping strategy (M = 4.22, SD = 1.31). This finding suggests that many bereaved street family members relied on substances as a means of managing emotional pain and distress associated with bereavement.

Keeping busy to avoid thinking about the loss was another commonly reported coping strategy (M = 3.91, SD = 0.54). Respondents also reported engaging in distracting behaviours (M = 3.90, SD = 0.89), avoiding thoughts about the deceased (M = 3.73, SD

= 0.92), and avoiding places that reminded them of the deceased (M = 3.71, SD = 0.86). These findings suggest that avoidance-based coping strategies were commonly adopted among bereaved street families.

4.4.1.2.4 Qualitative Findings for Maladaptive Coping adopted by Bereaved Street Families

The quantitative findings were supported by qualitative data from key informant interviews, which revealed that bereaved street families adopted multiple coping strategies depending on their circumstances and available support systems. Informants consistently identified substance use, emotional withdrawal, and avoidance behaviours as common responses to grief among street families. One respondent explained, “The most common negative coping strategies include substance abuse, particularly the use of inhalants such as glue” (KII 12).

Some informants further explained that adaptive and maladaptive coping strategies often coexisted among bereaved street families. One informant explained, “You will see them consoling each other and sharing what little they have. But at the same time, many turn to substance use as a way of coping” (KII 7). This finding suggests that bereaved street families do not rely exclusively on either adaptive or maladaptive coping mechanisms. Instead, they often employ a combination of strategies as they attempt to navigate grief within challenging living conditions.

4.4.1.2.5 Observation Findings for Psychological Distress

Field observations provided additional contextual evidence to complement the questionnaire and interview findings on psychological distress among bereaved street families. The observation checklist was used to document visible behavioural and environmental indicators during data collection. Each observation item was coded using a dichotomous scale, where 1 = Observed (Yes) and 0 = Not Observed (No). The

observations were analysed using frequencies and percentages and were used to triangulate the quantitative and qualitative findings. The results are presented in Table 8.

Table 8

Observation Findings on Psychological Distress among Bereaved Street Families

Observation Indicator	Observed (f)	Observed (%)	Not Observed (f)	Not Observed (%)
Tearful	10	12.7	69	87.3
Sitting alone	10	12.7	69	87.3
Restless movement	11	13.9	68	86.1
Startled reactions	9	11.4	70	88.6
Head down	12	15.2	67	84.8
Quiet Sitting	41	26.6	58	73.4
Substance use	0.0	51.9	38	48.1

Note: Total *N*=79

Source (Field Data, 2026)

The observation findings presented in Table 8 complement the questionnaire and interview findings on psychological distress. Substance use was the most frequently observed behavioural characteristic (51.9%), followed by quiet sitting (26.6%). Other observable indicators of distress included keeping the head down (15.2%), restless movement (13.9%), tearfulness (12.7%), sitting alone (12.7%), and startled reactions (11.4%). These observations provided visible evidence of psychological distress among some bereaved street family members and corroborated the self-reported experiences documented through the questionnaires and interviews.

The quantitative findings, qualitative findings, and field observations demonstrate that bereaved street families employ both adaptive and maladaptive coping mechanisms in response to grief. Adaptive strategies such as acceptance, self-encouragement, peer

support, and counselling coexisted with maladaptive responses including substance use, avoidance, and emotional withdrawal. The findings suggest that coping among street families is shaped by both personal resilience and the challenging realities of street life.

4.4.1.3 Inferential Analysis

To further examine this, inferential analyses were conducted to determine whether psychological distress differed across selected demographic characteristics. Independent-samples t-tests and one-way analysis of variance (ANOVA) were used as appropriate. Statistical significance was evaluated at the 0.05 level. A p-value less than .05 indicated a statistically significant difference between groups, while a p-value greater than .05 indicated that the observed differences were not statistically significant.

4.4.1.3.1 Psychological Distress by Gender

An independent-samples t-test was conducted to determine whether there were statistically significant differences in psychological distress between male and female bereaved street family members. The results are presented in Table 9.

Table 9

Independent-Samples t- Test of Psychological Distress by Gender

Group	N	M	SD	t	df	p
Male	54	3.42	0.63	-0.39	43.11	0.698
Female	25	3.48	0.69			

Source (Field Data, 2026)

The information in Table 9 indicates that female respondents reported slightly higher levels of psychological distress (M = 3.48) than male respondents (M = 3.42). However, the difference was not statistically significant, t (43.11) = -0.39, p = .698. Since the p-value was greater than .05, the null hypothesis that there is no significant difference in

psychological distress between male and female bereaved street family members was retained.

The findings suggest that bereavement-related psychological distress affects both male and female street family members in relatively similar ways. Although female respondents reported marginally higher levels of distress, gender did not appear to significantly influence the psychological experiences of bereaved street families in the study area. This finding may be attributed to the shared socio-economic challenges, exposure to street life, and bereavement experiences faced by both male and female street-connected individuals.

4.4.1.3.2 Psychological Distress by Age Group

A one-way analysis of variance (ANOVA) was conducted to determine whether psychological distress differed significantly across age groups among bereaved street family members. The results are presented in Table 10.

Table 10

Psychological Distress by Age Group: One-Way ANOVA

Age group	n	M	SD
18-23	36	3.32	0.62
24-29	21	3.72	0.67
30-39	15	3.43	0.58
40 and above	7	3.21	0.73

Source (Field Data, 2026)

The findings in Table 10 indicate that respondents aged 24–29 years reported the highest level of psychological distress (M = 3.72), followed by those aged 18–23 years (M = 3.32) and 30–39 years (M = 3.43). Respondents aged 40 years and above reported the lowest level of psychological distress (M = 3.21). However, the differences were not

statistically significant, F (3, 75) = 2.12, p = .105. Since the p-value was greater than .05, the null hypothesis was retained.

The findings suggest that psychological distress following bereavement was experienced across all age groups and that age did not significantly influence the level of distress among bereaved street family members.

4.4.1.3.3 Psychological Distress by Duration of Street Involvement

A one-way analysis of variance (ANOVA) was conducted to determine whether psychological distress differed according to the duration of street involvement among bereaved street family members. The results are presented in Table 11.

Table 11

Psychological Distress by Duration on the Streets

Duration on the streets	n	M	SD
Less than 1 year	2	4.15	0.21
1–3 years	11	3.42	0.63
4–6 years	11	3.77	0.47
More than 6 years	55	3.35	0.66

Source (Field Data, 2026)

The findings in Table 11 indicate that respondents who had lived on the streets for less than one year reported the highest level of psychological distress (M = 4.15), followed by those who had lived on the streets for four to six years (M = 3.77). Respondents who had lived on the streets for more than six years reported relatively lower levels of psychological distress (M = 3.35). However, the differences were not statistically significant, F (3, 75) = 2.21, p = .094. Since the p-value was greater than .05, the null hypothesis was retained.

Although respondents with shorter durations of street involvement reported relatively higher levels of distress, the findings suggest that the duration of street involvement did not significantly influence psychological distress among bereaved street family members.

4.4.1.3.4 Psychological Distress by Time since Bereavement

A one-way analysis of variance (ANOVA) was conducted to determine whether psychological distress differed according to the time elapsed since the loss of a loved one. The results are presented in Table 12.

Table 12

Psychological Distress by Time since the Loss

Time since the loss	n	M	SD
Less than 3 months ago	19	3.39	0.70
3–6 months ago	9	3.88	0.41
6–12 months ago	17	3.31	0.50
More than 1 year ago	34	3.42	0.70

Source (Field Data, 2026)

The findings in Table 12 indicate that respondents who had experienced bereavement between 3 and 6 months prior to the study reported the highest level of psychological distress (M = 3.88). This was followed by respondents who had experienced loss more than 1 year earlier (M = 3.42), less than 3 months earlier (M = 3.39), and between 6 and 12 months earlier (M = 3.31). However, the differences were not statistically significant, $F(3, 73) = 1.51$, $p = .220$. Since the p-value exceeded .05, the null hypothesis was retained.

The findings suggest that psychological distress persisted across different stages of bereavement and did not vary significantly according to the time elapsed since the loss of a loved one.

4.4.1.3.5 Relationship between Psychological Distress and Psychosocial Support Ecosystem Variables

To determine whether components of psychosocial support ecosystems were associated with psychological distress, a Pearson product-moment correlation analysis was conducted.

Table 13

Pearson Correlations between Psychological Distress and Psychological Ecosystem Variables

Component	n	r	p
Government Interventions	79	0.40	<.001
Non- governmental interventions	79	0.34	0.002
Community role	79	0.70	<.001

Source (Field Data, 2026)

The findings in Table 13 indicate that psychological distress had a significant positive relationship with government Interventions ($r = .49$, $p < .001$), non-governmental interventions ($r = .34$, $p = .002$), and community role ($r = .70$, $p < .001$). The strongest relationship was observed between psychological distress and community role.

4.4.2 Role of Government Interventions in Mitigating Psychological Distress

The second objective sought to assess the role of governmental support in mitigating psychological distress among bereaved street families in Eldoret City. Governmental support was examined through respondents' awareness of government support services,

utilisation of available services, and perceptions regarding the contribution of government interventions toward reducing psychological distress following bereavement.

4.4.2.1 Awareness and Utilisation of Government Support Services

Respondents were asked to indicate their awareness and utilisation of various government support services available to bereaved street families. The findings are presented in Table 14.

Table 14

Descriptive Statistics for Awareness of and Receipt of Government Support Services

Service	f	%
Aware of the service ('yes')		
Children's Department	43	53.1
Street Families Rehabilitation Trust Fund	29	35.8
Government counselling	4	4.9
Uasin Gishu social services	7	8.6
Hospital mental health services	12	14.8
Government rehabilitation	11	13.6
Family tracing	21	25.9
Government burial assistance	10	12.3
Received the service ('yes')		
Children's Department	10	12.3
Street Families Rehabilitation Trust Fund	10	12.3
Referral to rehabilitation	8	9.9
Government burial assistance	8	9.9
No support received	59	72.8

Source (Field Data, 2026)

The findings in Table 14 indicate the highest level of awareness was reported for services provided by the Children's Department (53.1%), followed by the Street Families

Rehabilitation Trust Fund (35.8%) and family tracing services (25.9%). Awareness of government counselling services, county social services, hospital mental health services, and rehabilitation programmes remained relatively low.

The data further reveal a substantial gap between awareness and actual receipt of support services. A majority of respondents (72.8%) reported that they had not received any form of institutional support following bereavement. Only small proportions reported receiving assistance from the Children's Department (12.3%), the Street Families Rehabilitation Trust Fund (12.3%), referral to rehabilitation services (9.9%), and government burial assistance (9.9%). These findings suggest that institutional services may be inaccessible to many bereaved street families despite the existence of support programmes.

4.4.2.2 Perceived Role of Government Interventions in Mitigating Psychological Distress

Respondents were asked to indicate their level of agreement with statements assessing the contribution of government support toward mitigating psychological distress following bereavement. Responses were measured using a five-point Likert scale where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. Mean scores of 1.00–2.33 indicated a low perceived contribution, 2.34–3.67 indicated a moderate perceived contribution, and 3.68–5.00 indicated a high perceived contribution of institutional interventions towards mitigating psychological distress.

Table 15

Perceived Contribution of Government Support in Mitigating Psychological Distress following Bereavement

Item	SD (%)	D (%)	N (%)	A (%)	SA (%)	M	SD	Var
Government support reduced my emotional distress	0.0	87.3	0.0	2.5	10.1	2.35	0.95	0.90
Support came at the right time	0.0	87.3	0.0	2.5	10.1	2.35	0.95	0.90
I understood the help received	0.0	87.3	2.5	0.0	10.1	2.33	0.92	0.84
Support made coping easier	19.0	65.8	5.1	10.1	0.0	2.06	0.81	0.65
The institution followed up	8.9	75.9	15.2	0.0	0.0	2.06	0.49	0.24
I was satisfied with the support received	8.9	75.9	0.0	15.2	0.0	2.22	0.81	0.66

Weighted Average = 2.23

Source (Field Data, 2026)

The information presented in Table 15 indicates that respondents reported a low perceived contribution of government support (Weighted Average = 2.23) in mitigating psychological distress following bereavement. Low mean scores were recorded for reduction of emotional distress (M = 2.35), timeliness of support (M = 2.35), understanding of the support received (M = 2.33), satisfaction with support provided (M = 2.22), and institutional follow-up (M = 2.06). These findings suggest that government interventions made a limited contribution towards addressing the psychosocial needs of bereaved street families.

4.4.2.3 Qualitative Findings on Governmental Support

Qualitative findings from key informant interviews supported the quantitative results and revealed several barriers affecting the effectiveness of government support services. Most informants explained that although government programs existed, their implementation was constrained by limited funding, inadequate staffing, competing priorities, and resource shortages. One participant explained, “The main barriers include

limited funding, stigma, competing government priorities, and inadequate staffing" (KII 3).

Informants further reported that many bereaved street families experienced difficulties accessing government services because they lacked identification documents and other requirements needed for registration and service enrolment. As one informant stated, "Many of them struggle because they lack identification documents required for registration" (KII 6). These findings suggest that although government structures intended to support vulnerable populations are available, several systemic barriers limit their effectiveness in addressing the psychosocial needs of bereaved street families.

The quantitative and qualitative findings collectively indicate that governmental support plays a relatively limited role in mitigating psychological distress among bereaved street families. Low awareness, low utilisation of services, inadequate follow-up, and administrative barriers appear to reduce the effectiveness of government interventions in responding to bereavement-related psychosocial needs.

4.4.3 Role of Non-Governmental Support in Mitigating Psychological Distress

The third objective sought to assess the role of non-governmental support in mitigating psychological distress among bereaved street families in Eldoret City. Non-governmental support in this study comprised services provided by faith-based institutions, hospitals, and non-governmental organisations (NGOs). The objective was examined through respondents' perceptions of the support received and the extent to which such support contributed to reducing psychological distress following bereavement. The findings are presented in Table 4.13 and supported by qualitative findings from key informant interviews.

4.4.3.1 Perceived Role of Non-Governmental Support in Mitigating Psychological Distress

Respondents were asked to indicate their level of agreement with statements assessing the contribution of non- governmental support toward mitigating psychological distress following bereavement. Responses were measured using a five-point Likert scale where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. Mean scores of 1.00–2.33 indicated a low perceived contribution, 2.34–3.67 indicated a moderate perceived contribution, and 3.68–5.00 indicated a high perceived contribution of institutional interventions towards mitigating psychological distress.

Table 16

Perceived Contribution of Faith-Based, Hospital, and NGO Support in Mitigating Psychological Distress following Bereavement

Item	SD (%)	D (%)	N (%)	A (%)	SA (%)	M	SD	Var
Faith/health-NGO support was timely	15.2	43.0	12.7	29.1	0.0	2.56	1.07	1.15
Support helped me cope	12.7	36.7	24.1	26.6	0.0	2.65	1.01	1.03
I felt respected when seeking help	12.7	25.3	36.7	25.3	0.0	2.75	0.98	0.96
I would return for help	12.7	25.3	19.0	30.4	12.7	3.05	1.26	1.59
The institution followed up	38.0	25.3	25.3	0.0	11.4	2.22	1.28	1.63

Weighted Average = 2.65

Source (Field Data, 2026)

The findings in Table 16 indicate a moderate perceived contribution of support provided by faith institutions, hospitals, and non-governmental organisations (Weighted Average = 2.65). Respondents reported relatively favourable perceptions regarding the

contribution of support to coping with grief (M = 2.65), respectful treatment when seeking support (M = 2.75), and willingness to seek support from the institutions again in the future (M = 3.05). However, institutional follow-up received a low rating (M = 2.22), suggesting challenges in continuity of care. Overall, the findings suggest that faith-based institutions, hospitals, and NGOs played a more visible supportive role than government agencies in helping bereaved street families cope with psychological distress.

4.4.3.2 Qualitative Findings on the Role of Non- Governmental Interventions in Mitigating Psychological Distress

The quantitative findings were supported by qualitative data from key informant interviews, which identified faith-based institutions, hospitals, and non-governmental organisations as important sources of emotional, spiritual, material, and psychosocial support for bereaved street families. Most informants explained that these institutions often provide counselling services, emotional support, spiritual guidance, food assistance, medical referrals, and other forms of practical assistance that help bereaved individuals cope with grief and loss. For example, one participant explained, “We provide basic needs, emotional support, counselling, and spiritual guidance” (KII 7).

However, informants also acknowledged that such institutions faced resource limitations and were not always able to consistently meet the needs of street families. One informant explained, “We are not always able to meet all the needs of street families” (KII 1). The interviews also highlighted the important role played by street leaders in helping bereaved street families access institutional support. As one key informant explained, “I am usually the one who speaks on behalf of the person, signs documents, and confirms that they are part of the street family so they can get waivers” (KII 9).

The quantitative and qualitative findings collectively indicate that faith-based institutions, hospitals, and NGOs make a meaningful contribution towards mitigating psychological distress among bereaved street families. Through counselling, emotional support, spiritual care, medical assistance, and material support, these institutions help bereaved individuals cope with loss and emotional suffering. However, resource limitations and inadequate follow-up continue to hinder the effectiveness and sustainability of the support provided.

4.4.4 Role of the Community in Mitigating Psychological Distress

The fourth objective sought to examine the role of community support in mitigating psychological distress among bereaved street families. The objective was examined through respondents' experiences of community support, perceptions regarding the role of community support, and the relationship between community support and psychological distress. Respondents were asked to indicate their level of agreement with statements assessing the contribution of community support towards mitigating psychological distress following bereavement. Responses were measured using a five-point Likert scale where 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. Mean scores of 1.00–2.33 indicated a low perceived contribution, 2.34–3.67 indicated a moderate perceived contribution, while 3.68–5.00 indicated a high perceived contribution of community support towards mitigating psychological distress. The descriptive statistics are presented in Table 17.

Table 17

Perceived Contribution of Community Support in Mitigating Psychological Distress

Item	SD (%)	D (%)	N (%)	A (%)	SA (%)	M	SD	Var

The community was supportive	36.7	34.2	2.5	12.7	13.9	2.33	1.44	2.07
Community support reduced loneliness	36.7	29.1	17.7	15.2	1.3	2.15	1.12	1.26
Community support reduced emotional distress	36.7	19.0	39.2	5.1	0.0	2.13	0.98	0.96
I felt safer because of the community	36.7	29.1	16.5	17.7	0.0	2.15	1.11	1.23
Community support made coping easier	36.7	29.1	5.1	16.5	12.7	2.39	1.44	2.09

Weighted Average = 2.23

Source (Field Data, 2026)

The findings in Table 17 indicate a low perceived contribution of community support, with a weighted average of 2.23, towards mitigating psychological distress among bereaved street families. Low mean scores were reported for the reduction of loneliness (M = 2.15), the reduction of emotional distress (M = 2.13), the improvement of safety (M = 2.15), and support in coping with bereavement (M = 2.39). These findings suggest that respondents perceived community support as having a limited contribution towards addressing their psychosocial needs following bereavement.

These findings suggest that although some bereaved street families received support from community members, such support was often insufficient, inconsistent, and unable to address the psychosocial challenges associated with bereavement adequately.

4.4.4.1 Qualitative Findings on the Role of the Community in Mitigating Psychological Distress

The quantitative findings were supported by qualitative data from key informant interviews, which revealed that community support for bereaved street families was often informal, irregular, and poorly coordinated. Most informants explained that assistance was largely dependent on individual goodwill rather than structured community initiatives. One respondent explained, “Some businesses provide food or

small financial contributions to us. However, support is not organised or consistent" (KII 9). Similarly, another informant stated, "Some people offer food or small help when they see someone in need, but it is mostly informal; it just takes goodwill and love. Street families go through a lot and need to be supported" (KII 10). These responses suggest that while acts of kindness do occur within communities, the absence of coordinated support systems limits their effectiveness in addressing the needs of bereaved street families.

The interviews also revealed that stigma and discrimination significantly limited the level of community support available to bereaved street families. Informants explained that many community members avoided associating with street families because of negative stereotypes and mistrust. One informant stated, "Stigma is a major barrier. Many people do not want to associate with street families" (KII 4). Despite these challenges, some informants reported receiving support from individuals and groups motivated by religious beliefs, compassion, and humanitarian values. As one informant noted, "Every individual deserves a dignified burial, and supporting bereaved street families should be a shared responsibility" (KII 4).

4.4.4.2 Observation Findings on the Role of the Community in Mitigating Psychological Distress

Field observations provided additional contextual evidence to complement the questionnaire and interview findings on community support. The observation checklist documented visible aspects of social interaction and environmental conditions within the respondents' surroundings. Each observation item was coded as 1 = Observed (Yes) and 0 = Not Observed (No). The findings are presented in Table 18.

Table 18

Observation Findings on Community Support and Environmental Conditions

Observation Indicator	Observed (f)	Observed (%)	Not Observed (f)	Not Observed (%)
Interaction with others	55	69.6	24	30.4
Presence of other people	45	57.0	34	43.0
Makeshift shelter	20	25.3	59	47.7
Weather exposure	11	13.9	68	86.1
Visible hazards	78	98.7	1	1.3

Note: Total *N*= 79

Source (Field Data, 2026)

Table 18 presents the observation findings on community support and environmental conditions. The findings indicate that 69.6% of respondents were observed interacting with others, while 57.0% were in the presence of other community members, suggesting opportunities for informal social interaction. Makeshift shelters were observed among 25.3% of respondents, and 13.9% were exposed to adverse weather conditions. Furthermore, visible environmental hazards were observed in 98.7% of the observation sites, indicating that most bereaved street families lived in environments characterised by unsafe conditions. These findings complement the quantitative and qualitative results by highlighting the environmental vulnerabilities faced by street families despite the presence of community members.

The quantitative and qualitative findings, along with field observations, suggest that community support among bereaved street families is largely informal, inconsistent, and dependent on individual goodwill. While some respondents reported receiving emotional, practical, and humanitarian support from community members, stigma,

discrimination, and the absence of coordinated community structures limited the overall contribution of community support in mitigating psychological distress.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the study findings in relation to the research objectives, existing empirical literature, and the theoretical framework underpinning the study. The chapter further presents a summary of the main findings, the study's conclusions, recommendations for policy and practice, and suggestions for future research on psychosocial support ecosystems and psychological distress among bereaved street families in Eldoret City, Kenya.

5.2 Discussion of the Study Findings

This section discusses the study's findings in relation to its objectives, relevant empirical literature, and theoretical perspectives. The discussion focuses on the level of psychological distress experienced by bereaved street families, the coping mechanisms adopted following bereavement, the role of institutional interventions, and the role of community support in mitigating psychological distress.

5.2.1 Level of Psychological Distress among Bereaved Street Families

The first objective sought to examine the level of psychological distress among bereaved street families in Eldoret City. The findings revealed a moderate level of psychological distress among the respondents. This finding suggests that bereavement constitutes a significant psychosocial challenge among street families and may adversely affect their emotional well-being, functioning, and overall quality of life.

The moderate level of psychological distress observed in this study may be attributed to the circumstances within which bereavement occurs among street families. Unlike individuals who experience loss within relatively stable family and community environments, street families often experience bereavement in the context of poverty,

homelessness, insecurity, stigma, and social exclusion. This finding is consistent with Taylor and Kaplan (2023), who reported that individuals exposed to repeated adversity and loss often experience elevated levels of grief-related distress and trauma symptoms. Similarly, Muya and Muasa (2023) found that exposure to chronic adversity among street-connected populations contributes significantly to psychological distress. The interaction between bereavement and pre-existing vulnerabilities may explain the similarity. However, while previous studies largely focused on trauma and vulnerability, the present study demonstrates that bereavement among street families occurs within a broader environment of chronic hardship, thereby intensifying psychological distress. The study therefore contributes new evidence that grief among street families cannot be understood independently of the social and environmental conditions within which it occurs.

The findings further suggest that the moderate level of psychological distress may be linked to repeated and unresolved experiences of loss. Qualitative findings revealed that many respondents had experienced multiple losses, abandonment, separation, and exposure to death prior to the current bereavement. Sandhu and Sinha (2023) similarly reported that street-connected children frequently experience multiple unresolved losses throughout their lives. Likewise, Seiler et al. (2020) observed that cumulative exposure to loss increases vulnerability to prolonged grief and psychological distress. The similarity may be attributed to the unstable nature of street life, where relationships are frequently disrupted by death, displacement, illness, and family separation. However, while previous studies primarily documented the occurrence of repeated losses, the present study demonstrates how cumulative loss contributes to elevated levels of psychological distress among bereaved street families. This finding suggests that the

distress observed in the study may not solely reflect the impact of a single bereavement event but rather the accumulated psychological burden of multiple unresolved losses.

The findings also revealed that bereaved street families employed both adaptive and maladaptive coping responses while attempting to manage grief-related distress. Adaptive responses included acceptance, peer support, self-encouragement, counselling, and finding meaning in the loss, whereas maladaptive responses included substance use, emotional withdrawal, avoidance, and distraction. The coexistence of these coping responses suggests that bereaved street families attempt to navigate grief while simultaneously responding to the demands of daily survival. This finding supports Ray (2017), who observed that street-connected populations often use multiple coping strategies concurrently in response to adversity. Similarly, Munyuwiny and Street (2017) found that coping among street-connected populations often reflects a balance between strategies aimed at emotional adjustment and those intended for immediate survival. The present study extends these findings by demonstrating how both adaptive and maladaptive coping responses emerge within the context of bereavement among street families.

Despite the presence of adaptive coping responses, maladaptive coping behaviours, particularly substance use, remained highly prevalent among respondents. This finding is consistent with Moritz et al. (2016), who identified substance use, denial, and avoidance as maladaptive coping responses associated with elevated psychological distress. Similarly, Hills et al. (2016) found that substance use among street-connected populations often functions as a means of escaping emotional pain and stressful life circumstances. The similarity may be explained by limited access to formal psychosocial support services and the availability of substances within street environments. The

findings therefore suggest that bereavement may reinforce reliance on maladaptive coping responses when healthier support systems are unavailable.

The moderate level of psychological distress may further be explained by limited access to psychosocial support services and opportunities for healthy grief processing. Respondents described experiences of emotional suppression, prolonged suffering, and difficulties expressing grief due to the demands of daily survival. This finding contrasts with Aoun et al. (2018), who found that individuals who receive adequate community-based bereavement support generally demonstrate better psychological adjustment following loss. The difference may be explained by the limited availability of structured psychosocial support for street families compared to the populations examined by Aoun et al. (2018). The present study therefore highlights the role of inadequate psychosocial support in sustaining psychological distress among bereaved street families. The findings suggest that grief recovery may be significantly hindered when bereaved individuals lack access to counselling, emotional support, and safe environments for expressing loss.

The study further examined whether psychological distress differed across selected demographic characteristics. The findings revealed no statistically significant differences in psychological distress based on gender, age, duration of street involvement, or time elapsed since bereavement. Although female respondents reported slightly higher levels of psychological distress than male respondents, the difference was not statistically significant. Similarly, respondents aged 25–29 years, those who had spent less than one year on the streets, and those bereaved between three and six months prior to the study reported relatively higher levels of psychological distress; however, these differences were not statistically significant.

These findings suggest that psychological distress following bereavement affects street family members across demographic categories in relatively similar ways. The absence of statistically significant differences may be attributed to the shared experiences of poverty, homelessness, insecurity, stigma, social exclusion, and exposure to multiple adversities that characterise street life regardless of age, gender, or duration of street involvement. The findings imply that bereavement-related distress among street families is influenced more by common environmental and social circumstances than by individual demographic characteristics. The findings are consistent with Seiler et al. (2020), who observed that exposure to cumulative loss and adversity contributes to psychological distress across diverse population groups. Similarly, Taylor and Kaplan (2023) reported that individuals exposed to chronic adversity often experience elevated levels of grief-related distress irrespective of demographic differences. The present study extends these findings by demonstrating that among bereaved street families, psychological distress appears to be a shared experience cutting across demographic categories.

These findings support Ecological Systems Theory (Bronfenbrenner, 1979), which posits that individual outcomes are shaped by interactions between persons and their surrounding environments. The moderate psychological distress observed among bereaved street families appears to be influenced not only by the loss itself but also by environmental factors such as poverty, social exclusion, stigma, inadequate support systems, and prolonged exposure to street life. The findings also support Social Support Theory (Cassel, 1976; Cobb, 1976; House, 1981), which emphasises the protective role of social support in reducing psychological distress. The limited availability of supportive relationships and formal support services observed in this study may partly explain the persistence of psychological distress among bereaved street families.

5.2.2 Role of Government Interventions in Mitigating Psychological Distress among Bereaved Street Families

The second objective sought to assess the role of governmental support in mitigating psychological distress among bereaved street families in Eldoret City. The findings revealed that governmental support played a relatively limited role in addressing psychological distress among bereaved street families. Although some respondents reported awareness of government programmes such as the Children's Department, the Street Families Rehabilitation Trust Fund, family tracing services, rehabilitation programmes, and burial assistance, the majority reported not having received any form of government support following bereavement. Respondents further reported low levels of satisfaction with government interventions, particularly regarding timeliness of support, follow-up services, and the extent to which the support received reduced emotional distress. These findings suggest that while government support structures exist, their contribution to mitigating psychological distress among bereaved street families remains limited.

The low perceived contribution of governmental support may be attributed to barriers affecting access to available services. Qualitative findings revealed that inadequate funding, limited staffing, bureaucratic procedures, competing priorities, and a lack of identification documents constrained access to support services among bereaved street families. This finding is consistent with the Ministry of Health (2021), which identified resource constraints, inadequate mental health personnel, and administrative barriers as key challenges affecting access to psychosocial services among vulnerable populations in Kenya. Similarly, the Street Families Rehabilitation Trust Fund (2024) reported that implementation challenges continue to affect service delivery among street-connected populations. The similarity may be explained by the fact that vulnerable populations

often experience difficulties navigating formal systems designed to provide support. The present study extends existing knowledge by demonstrating how these barriers affect bereaved street families at a time when psychosocial support is most needed.

The findings further suggest that awareness of government services does not necessarily translate into their utilisation. Although more than half of the respondents were aware of services offered through the Children's Department, only a small proportion reported receiving support. This finding is consistent with Onyango et al. (2022), who observed that awareness of social protection programmes among vulnerable populations often exceeds actual utilisation because of procedural and structural barriers. The disparity between awareness and service uptake observed in the present study suggests that the availability of services alone may be insufficient unless accompanied by effective outreach, accessibility, and follow-up mechanisms.

Qualitative findings also revealed that street leaders often serve as intermediaries, facilitating access to government support services. Informants explained that street leaders assist bereaved individuals in obtaining referrals, accessing waivers, and communicating with service providers. This finding supports Ecological Systems Theory (Bronfenbrenner, 1979), which emphasises the importance of social structures and linkages between individuals and institutions in facilitating access to resources. The findings suggest that strengthening collaboration between government agencies and community-based gatekeepers may enhance service accessibility among street-family populations.

The findings also revealed a statistically significant relationship between institutional support and psychological distress, suggesting that access to support services is associated with psychological well-being among bereaved street families. Similarly, the

World Health Organisation (2023) emphasises that accessible psychosocial support services contribute to improved mental health outcomes among vulnerable populations. The similarity may be explained by the capacity of institutional interventions to provide counselling, practical assistance, referrals, and emotional support during periods of grief and adjustment. Although government support recorded a low perceived contribution, the significant relationship observed in the study suggests that strengthening governmental interventions may play an important role in reducing psychological distress among bereaved street families.

The findings support Social Support Theory (Cassel, 1976; Cobb, 1976; House, 1981), which posits that access to supportive resources protects individuals against psychological distress during stressful life events. The limited availability and accessibility of governmental support observed in this study may partly explain the continued psychological distress experienced by bereaved street families. The findings therefore suggest the need for more accessible, responsive, and coordinated government interventions targeting bereaved street-connected populations.

5.2.3 Role of Non-Governmental Interventions in Mitigating Psychological Distress among Bereaved Street Families

The third objective sought to assess the role of non-governmental support in mitigating psychological distress among bereaved street families in Eldoret City. The findings revealed that support provided by faith-based institutions, hospitals, and non-governmental organisations contributed moderately to mitigating psychological distress among bereaved street families. Respondents reported relatively positive perceptions of the support received, particularly regarding emotional support, counselling, respectful treatment, and willingness to seek assistance from the institutions again in the future. Qualitative findings further revealed that these institutions provided counselling

services, spiritual guidance, emotional support, medical referrals, food assistance, and other practical support to help bereaved individuals cope with grief and loss. These findings suggest that non-governmental institutions play an important role in supporting the psychological well-being of bereaved street families.

The moderate contribution of non-governmental support may be attributed to the accessibility and community-based nature of many faith-based organisations, hospitals, and non-governmental organisations. Unlike formal government systems, these institutions often maintain closer contact with vulnerable populations and are therefore better positioned to respond to immediate psychosocial needs. This finding is consistent with Maina (2017), who reported that faith-based organisations play a significant role in providing emotional, spiritual, and social support to vulnerable populations. Similarly, Dattani and Kataria (2025) observed that community-based and NGO-led psychosocial interventions contribute positively to emotional recovery and resilience among disadvantaged groups. The similarity may be explained by these institutions' ability to provide both practical and emotional support within community settings.

The findings further revealed that counselling, emotional support, and spiritual guidance were among the most important forms of assistance provided by non-governmental institutions. Key informants reported that counselling helped bereaved individuals understand grief as a normal process and develop healthier coping responses. Similarly, faith-based institutions provided spiritual guidance and opportunities for meaning-making following loss. These findings are consistent with Lichtenthal et al. (2024), who found that bereavement interventions contribute to healthier adjustment by helping individuals process grief, strengthen coping capacities, and reduce emotional distress. Likewise, Aoun et al. (2018) reported that psychosocial and bereavement support

services improve emotional well-being and adaptation following loss. The present study extends these findings by demonstrating the relevance of counselling and spiritual support among highly marginalised populations such as street families.

The findings also suggest that non-governmental institutions contribute to psychological well-being by providing material and practical assistance. Key informants reported that organisations frequently provide food, clothing, medical referrals, rehabilitation support, and assistance with burial arrangements. This finding supports Social Support Theory (Cobb, 1976; Cassel, 1976; House, 1981), which emphasises that emotional, informational, instrumental, and appraisal support collectively protect individuals from psychological distress during stressful life events. The provision of practical assistance may therefore help reduce stressors associated with bereavement while enhancing individuals' ability to cope with loss.

Despite their positive contribution, respondents reported relatively low ratings regarding institutional follow-up, while key informants acknowledged resource limitations that constrained service delivery. This finding differs from Aoun et al. (2018), who found that structured and continuous bereavement support programmes contribute significantly to long-term psychological adjustment. A possible explanation for this difference is that many faith institutions, hospitals, and NGOs operating within resource-constrained environments may lack the capacity to provide sustained follow-up services. Consequently, support often remains short-term and dependent on available resources. The findings therefore suggest that while non-governmental institutions play a valuable role in mitigating psychological distress, the effectiveness of their interventions may be limited by financial and organisational constraints.

The findings support Ecological Systems Theory (Bronfenbrenner, 1979), which posits that interactions within individuals' immediate social environments influence individuals. Faith-based institutions, hospitals, and non-governmental organisations form part of the broader psychosocial support ecosystem surrounding bereaved street families and contribute to emotional adjustment following loss. The findings further support Social Support Theory, which argues that access to supportive relationships and resources buffers individuals against the negative psychological consequences of stressful life events. The moderate contribution of non-governmental support observed in this study therefore demonstrates the important role these institutions play in promoting resilience and reducing psychological distress among bereaved street families.

5.2.4 Role of the Community in Mitigating Psychological Distress

The fourth objective sought to explore the role of community support in mitigating psychological distress among bereaved street families in Eldoret City. The findings revealed a low perceived contribution of community support towards mitigating psychological distress. Respondents reported low ratings regarding the contribution of community support towards reducing loneliness, reducing emotional distress, enhancing feelings of safety, and facilitating coping following bereavement. However, qualitative findings revealed that some forms of community support were provided by businesses, faith groups, volunteers, and individual community members, who occasionally provided food, financial assistance, emotional support, and funeral-related support. These findings suggest that while community support was present, its contribution towards addressing psychological distress among bereaved street families was limited and inconsistent.

The finding that community support was generally limited contrasts with Kellehear's (2013) Compassionate Communities framework, which argues that communities should function as psychosocial support systems during bereavement by providing emotional support, practical assistance, and collective care. The difference may be explained by the unique social position of street families, who often experience marginalisation and exclusion from mainstream community networks. Consequently, the benefits described by Kellehear (2013) may not be fully available to street-connected populations. Similarly, Aoun et al. (2018) found that community-based bereavement support enhances social connectedness and improves psychological adjustment following loss. The difference may be explained by the unique social circumstances of street families, who often experience exclusion from mainstream community structures. Unlike the populations examined in previous studies, many respondents in the present study lacked stable social networks and reported limited integration into community support systems. The findings therefore suggest that the benefits associated with community-based bereavement support may not be fully realised among socially marginalised populations.

The limited contribution of community support may also be explained by the stigma and discrimination experienced by street families. Qualitative findings revealed that negative stereotypes, mistrust, and social exclusion discouraged meaningful engagement between street families and the wider community. These findings are also supported by Conticini and Hulme (2007), who observed that street-connected populations are frequently excluded from mainstream social support systems due to societal prejudice and negative perceptions. Similarly, Bhukuth and Ballet (2015) reported that discrimination and social stigma often reduce opportunities for social inclusion and support among street-connected populations. The similarity may be attributed to persistent societal attitudes that portray street families as undesirable or untrustworthy, thereby limiting community

willingness to provide support. The present study reinforces these observations by demonstrating how stigma directly undermines the availability of psychosocial support during bereavement.

Despite the generally low perceived contribution of community support, the findings revealed that some community members, businesses, faith groups, and volunteers assisted bereaved street families. Support was mainly offered through food donations, small financial contributions, emotional encouragement, and assistance during funeral arrangements. This finding is also consistent with Mapaya and Mugovyani (2014), who found that communal values and collective responsibility continue to play an important role in supporting bereaved individuals within African societies. Similarly, Njue et al. (2015) observed that communal support systems within Kenyan communities often facilitate emotional support, social connectedness, and practical assistance during mourning. However, unlike the structured communal support described in these studies, the support identified in the present study was largely informal, sporadic, and dependent on individual goodwill rather than organised community initiatives. This finding suggests that although elements of communal solidarity remain present, they are insufficiently coordinated to address the psychosocial needs of bereaved street families adequately. The findings further correspond with Njue et al. (2015), who found that Kenyan mourning practices such as ‘matanga’ create opportunities for emotional expression, social support, and meaning-making following loss. However, unlike the populations examined by Njue et al. (2015), many street families appeared to have limited access to such culturally embedded support systems. This difference may reflect the social exclusion experienced by street-connected populations and their limited integration into traditional community structures.

The study also found that some businesses and faith institutions provided food, financial support, and assistance during funerals. This finding corresponds with Hansford et al. (2023), findings highlighting the role of the business community in supporting psychosocial wellbeing through social responsibility initiatives. Similarly, Osoro et al. (2024) observed that businesses and volunteers in Eldoret often support vulnerable street populations by providing food and funeral assistance. The similarity suggests that local stakeholders can play an important role in supporting bereaved street families when motivated by humanitarian values and a sense of social responsibility.

A particularly important finding was the strong relationship between community support and psychological distress. Correlation analysis revealed that community support had the strongest association with psychological distress among all components of the psychosocial support ecosystem. This finding suggests that community support plays an important role in shaping bereavement outcomes and the psychological well-being of street families. The finding is consistent with Aoun et al. (2018), who reported that social connectedness and community engagement contribute significantly to positive bereavement outcomes. Similarly, Kellehear (2013) argued that supportive communities function as protective environments that promote resilience and emotional recovery following loss. The similarity may be explained by the fundamental human need for belonging, acceptance, and social support during periods of grief. The present study extends existing knowledge by demonstrating that even among highly marginalised street-family populations, community support remains a critical determinant of psychological well-being.

The findings support Ecological Systems Theory (Bronfenbrenner, 1979), which posits that individuals are influenced by interactions within their immediate and broader social

environments. Community members, local businesses, faith groups, and volunteers form part of the social environment surrounding bereaved street families and therefore influence their psychological well-being. The findings also support Social Support Theory (Cassel, 1976; Cobb, 1976; House, 1981), which emphasises that social relationships and supportive networks protect individuals from the negative effects of stressful life events. The low levels of community support observed in this study may partly explain the persistence of psychological distress among bereaved street families. In contrast, the strong relationship between community support and psychological distress demonstrates the protective role of supportive community networks during bereavement.

Collectively, the findings suggest that although pockets of community support exist, stigma, discrimination, weak coordination, and limited structured engagement continue to undermine the effectiveness of community support for bereaved street families. Given the strong association between community support and psychological distress observed in the study, strengthening community participation, reducing stigma, and promoting coordinated support initiatives may significantly enhance psychological well-being and bereavement outcomes among street families in Eldoret City.

5.3 Summary of Main Findings

This section summarises the findings from chapter four, aligned with the study's objectives.

The first objective sought to examine the level of psychological distress among bereaved street families in Eldoret City. The findings established that bereaved street families experienced a moderate level of psychological distress, with a weighted mean score of 3.44. Qualitative findings corroborated this result by revealing experiences of cumulative

grief, emotional suppression, prolonged distress, stigma, social exclusion, and unresolved loss. The findings further revealed that bereaved street families employed both adaptive and maladaptive coping responses in managing grief-related distress. Adaptive coping responses recorded a slightly higher weighted mean score of 3.61 than maladaptive coping responses with a weighted mean score of 3.43. Common adaptive coping responses included acceptance of loss, peer support, self-encouragement, counselling, and personal reflection. In contrast, maladaptive coping responses included substance use, avoidance, emotional withdrawal, and suppression of grief-related emotions. The findings demonstrate that bereaved street families navigate grief through a combination of adaptive and maladaptive coping responses within challenging social and economic circumstances.

The second objective sought to assess the role of government interventions in mitigating psychological distress among bereaved street families in Eldoret City. The findings showed that governmental support was perceived to contribute little to mitigating psychological distress, with a weighted mean score of 2.23. Although some respondents were aware of government programmes such as the Children's Department, Street Families Rehabilitation Trust Fund, family tracing services, rehabilitation programmes, and burial assistance, the majority reported that they had not received any form of government support following bereavement. Qualitative findings revealed that inadequate funding, limited staffing, bureaucratic procedures, competing priorities, and a lack of identification documents constrained access to government services and contributed to the low perceived contribution of governmental support.

The third objective sought to assess the role of non-governmental interventions in mitigating psychological distress among bereaved street families in Eldoret City. The

findings established that support provided by faith-based institutions, hospitals, and non-governmental organisations was perceived to contribute moderately to mitigating psychological distress, with a weighted mean score of 2.65. Respondents reported receiving emotional support, counselling, spiritual guidance, medical referrals, and material assistance from these institutions. Qualitative findings further revealed that non-governmental institutions played an important role in supporting bereaved street families through psychosocial, spiritual, and practical interventions. However, resource limitations and inadequate follow-up were identified as factors limiting the effectiveness of such support.

The fourth objective sought to explore the role of community support in mitigating psychological distress among bereaved street families in Eldoret City. The findings revealed a low perceived contribution of community support towards mitigating psychological distress, as reflected by a weighted mean score of 2.23. Qualitative findings revealed that although support was occasionally provided by local businesses, faith groups, volunteers, and individual community members, it was largely informal, inconsistent, and dependent on individual goodwill. Stigma, discrimination, social exclusion, and the absence of coordinated community support structures were identified as major barriers limiting the effectiveness of community support. Despite these challenges, the findings revealed a strong relationship between community support and psychological distress, suggesting that community support remains an important determinant of psychological well-being among bereaved street families.

5.4 Conclusion

In relation to the level of psychological distress among bereaved street families in Eldoret City, the study concludes that bereaved street families experience moderate levels of psychological distress following the loss of a loved one. The distress experienced is not

solely a consequence of bereavement but is further influenced by poverty, homelessness, insecurity, stigma, social exclusion, and repeated exposure to loss. The study further concludes that bereaved street families utilise both adaptive and maladaptive coping responses in managing grief-related distress. While adaptive coping responses such as acceptance, peer support, self-encouragement, counselling, and personal reflection promote resilience and adjustment, maladaptive responses including substance use, avoidance, and emotional withdrawal may intensify psychological distress. The findings suggest that psychological distress among bereaved street families is shaped by both the broader social environment within which bereavement occurs and the availability of supportive relationships and coping resources. These findings support Ecological Systems Theory, which emphasises the influence of environmental systems on individual well-being, and Social Support Theory, which posits that access to supportive relationships and resources protects individuals from psychological distress during stressful life events.

In relation to the role of government interventions in mitigating psychological distress among bereaved street families, the study concludes that government interventions currently make a limited contribution towards addressing bereavement-related psychological distress. Although awareness of some government programmes exists, utilisation of available services remains low. Barriers such as inadequate funding, staff shortages, bureaucratic procedures, competing priorities, stigma, and lack of identification documents reduce access to support services among bereaved street families. Consequently, the effectiveness of governmental support depends not only on the availability of programmes but also on the accessibility, responsiveness, and coordination of services targeting vulnerable populations.

In relation to the role of non-governmental interventions in mitigating psychological distress among bereaved street families, the study concludes that faith-based institutions, hospitals, and non-governmental organisations play an important supportive role in helping Bereaved Street families cope with grief and psychological distress. Through counselling, emotional support, spiritual guidance, medical referrals, rehabilitation services, and material assistance, these institutions contribute to emotional adjustment and psychological well-being. However, resource limitations, inadequate follow-up, and organisational capacity constraints limit the sustainability and long-term effectiveness of the support provided. The study therefore concludes that strengthening non-governmental support systems would enhance psychosocial support available to bereaved street families.

Regarding the role of community support in mitigating psychological distress, the study concludes that its contribution is largely influenced by the extent of social acceptance, inclusion, and collective responsibility extended to bereaved street families. Stigma, discrimination, and social exclusion weaken community involvement and reduce opportunities for meaningful psychosocial support. However, the strong relationship between community support and psychological distress suggests that supportive and inclusive communities have considerable potential to promote psychological well-being among bereaved street families.

Finally, the study concludes that psychological distress among bereaved street families is shaped by the broader psychosocial support ecosystem within which bereavement occurs, which in turn shapes their coping responses. Addressing psychological distress among bereaved street families therefore requires strengthening psychosocial support

ecosystems at personal, institutional, and community levels while reducing barriers that limit access to support and social inclusion.

5.5 Recommendations

Based on the findings and conclusions of the study, it is evident that psychological distress among bereaved street families is influenced by the interaction of coping responses, institutional support systems, and community support structures. Addressing the psychosocial needs of bereaved street families therefore requires coordinated efforts from government agencies, faith institutions, non-governmental organisations, mental health practitioners, communities, and other stakeholders.

5.5.1 Recommendations to the National Government

The study recommends that the National Government strengthen psychosocial support services for bereaved street families through the integration of bereavement counselling, trauma-informed care, grief recovery programmes, and mental health services into existing street-family rehabilitation programmes. This recommendation is based on the finding that government interventions made a low contribution to mitigating psychological distress, indicating the need to strengthen formal psychosocial support systems for vulnerable street-connected populations.

The study further recommends that the National Government strengthen coordination among ministries responsible for health, social protection, education, and children's services to ensure the integrated delivery of services to bereaved street families. Improved coordination would reduce service fragmentation and facilitate timely access to psychosocial support, rehabilitation, and reintegration programmes.

The study also recommends increased investment in mental health and street-family rehabilitation programmes to improve the availability of qualified mental health

professionals, counselling services, and rehabilitation facilities. Strengthened investment would enhance the quality and accessibility of psychosocial support for bereaved street families.

It is also recommended that government institutions collaborate with informal street leadership structures and community stakeholders to improve outreach, referral systems, access to psychosocial support, and reintegration efforts among street-connected populations.

The study also recommends that the Ministry of Health and healthcare institutions need to integrate bereavement counselling and psychosocial support services into routine healthcare programmes for vulnerable populations. Such services would facilitate early identification of psychological distress and promote timely intervention among bereaved street families.

5.5.2 Recommendations to the County Government

The study recommends that county governments strengthen community-based psychosocial support services through mobile counselling teams, outreach programmes, and referral systems targeting hard-to-reach street families. Such interventions would improve access to psychosocial support among vulnerable populations that rarely seek assistance from formal institutions.

The study further recommends that county governments expand youth-focused education, vocational training, and economic empowerment programmes for street-connected young adults. Since the findings showed that most respondents had lived on the streets for more than six years and were predominantly young adults, these programmes would provide opportunities for rehabilitation, resilience, and sustainable reintegration into society.

The study also recommends that county hospitals establish flexible referral systems, medical waiver programmes, and psychosocial outreach services for street families who experience financial and documentation barriers to accessing healthcare. This would improve continuity of care and early management of psychological distress following bereavement.

5.5.3 Recommendations to Faith-Based Organisations and NGOs

The study recommends that faith-based organisations, including churches, mosques, and temples, strengthen their role in supporting bereaved street families through grief counselling, spiritual support, peer support initiatives, mentorship programmes, and community outreach activities. Given their accessibility and acceptance within communities, faith-based organisations are well positioned to provide emotional and psychosocial support to vulnerable populations.

The study further recommends that NGOs working with vulnerable populations expand trauma-informed counselling programmes, grief recovery interventions, substance-use prevention initiatives, and resilience-building programmes for bereaved street families. Such interventions would strengthen adaptive coping mechanisms while reducing reliance on maladaptive coping strategies.

There is also a need for faith-based organisations and NGOs to collaborate more closely with hospitals, counsellors, community leaders, and government agencies to improve the coordination of psychosocial services, referrals, rehabilitation, and reintegration programmes for bereaved street families.

5.5.4 Recommendations to the Private Sector

The study recommends that private-sector organisations strengthen Corporate Social Responsibility initiatives to support vulnerable street-connected populations. Businesses

may contribute by supporting psychosocial programmes, sponsoring bereavement support activities, providing educational scholarships and vocational training opportunities, and creating employment opportunities for rehabilitated street family members. Such initiatives would promote social inclusion, economic empowerment, and improved psychological well-being.

5.5.5 Recommendations to Communities and Community Stakeholders

The study recommends that community leaders, local administrators, community-based organisations, and community members strengthen public awareness programmes to reduce the stigma, discrimination, and social exclusion experienced by street families. Increased community awareness would promote acceptance and encourage greater community participation in supporting bereaved street families.

The study further recommends that communities provide emotional, social, spiritual, and material support to bereaved street families through informal support networks and community initiatives. Strengthening community support is essential because the findings demonstrated that community support had a low perceived contribution despite showing the strongest statistical association with psychological distress.

The study also recommends that community stakeholders actively participate in family tracing, reconciliation, and reintegration programmes to strengthen family support systems and reduce long-term street dependency.

5.5.6 Recommendations to Mental Health Practitioners and Counsellors

The study recommends that mental health practitioners, counsellors, psychologists, and social workers develop trauma-informed and culturally responsive counselling interventions specifically designed for bereaved street families and street-connected populations.

The study recommends that counsellors strengthen outreach-based psychosocial services and peer-support approaches that are accessible in street environments and rehabilitation centres. Mental health professionals also need to incorporate grief counselling, behavioural support, emotional regulation, substance-use interventions, and resilience-building strategies when working with vulnerable street populations.

The study further recommends establishing an integrated psychosocial support ecosystem that involves government agencies, healthcare institutions, faith-based organisations, NGOs, mental health practitioners, businesses, and community stakeholders. Such collaboration would strengthen prevention, support, rehabilitation, and reintegration efforts while improving psychological outcomes among bereaved street families.

5.6 Areas for Further Research

Future studies are recommended to examine the long-term psychological effects of bereavement among street families in different regions of Kenya. Such studies would provide a deeper understanding of how grief evolves over time and whether prolonged psychological distress persists beyond the immediate period of loss. Findings from such research would inform the development of long-term psychosocial support programmes tailored to the needs of street families.

Further research is recommended to explore the effectiveness of trauma-informed counselling interventions for bereaved street-connected populations. Given the high levels of psychological distress and trauma identified in this study, evaluating the effectiveness of specific counselling approaches would provide evidence-based guidance for counsellors, mental health practitioners, rehabilitation centres, and policymakers working with vulnerable populations.

Additional research is recommended to investigate the experiences of women, children, and older persons within street-family settings separately in order to understand their unique psychosocial needs during bereavement. Different population groups may experience grief, coping, and access to support services differently. Such studies would contribute to the development of targeted interventions and policies that address the specific needs of these groups.

Future studies may also examine the effectiveness of community-based and faith-based bereavement support programmes among street families in Kenya. Such research would help identify best practices for strengthening community participation, reducing stigma, and improving psychosocial outcomes among bereaved street families.

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APPENDICES

Appendix 1: Consent Form

AFRICA NAZARENE UNIVERSITY

INFORMED CONSENT FORM

(The form is written in the English language but can be translated to Kiswahili or any other appropriate language)

STUDY TITLE: The Role of the Psychosocial Support Ecosystem in Mitigating Psychological Distress among Bereaved Street Families in Eldoret City, Kenya.

Principal Researcher: **Jemima Jemutai Kolebech**

Master of Arts in Counselling Psychology

Africa Nazarene University

Tel: **+254702795257**

Email: **jkolebech62720@anu.ac.ke**

INTRODUCTION

You are invited to take part in a research study being conducted as part of the requirements for the award of a Master of Arts Degree in Counselling Psychology at Africa Nazarene University. Before you decide, please read this form or have it read to you. It explains the purpose of the study, what participation involves, and your rights as a participant. Your participation is voluntary, and you may ask questions at any point.

Why You Have Been Selected

You have been selected because:

1. You are living in Eldoret City.
2. You have experienced the death of a family member, friend, or close associate within the last two years.
3. You are an adult.

Key informants (such as social workers and counsellors) are selected because they work with street families.

What Participation Involves:

(a) Structured Interview Schedule – Bereaved Street Families Participants

If you agree, you will take part in an interviewer-administered session in which questions will be read to you, and your answers will be recorded.

This will take about 20–30 minutes.

(b) Interview (Key Informants Section Only)

You may participate in a semi-structured interview lasting 40- 60 minutes

(c) Observation

The researcher may observe your environment to better understand your living conditions. No photos or names will be taken.

(You may refuse any part of the study without consequences)

Risks and Discomforts

There are no physical risks. However, talking about death and grief may cause emotional discomfort. If this happens:

- ✓ You may pause.
- ✓ Skip questions.
- ✓ Stop the session.
- ✓ Request immediate emotional support.

The researcher will provide psychological first aid and referrals where needed.

Benefits of Participation

You may not receive direct personal benefits, but:

- ✓ You may gain emotional relief by sharing your experience.
- ✓ Your participation will help improve psychosocial programs for street families.

- ✓ You will contribute to knowledge that may influence county-level and national support systems.

Confidentiality and Privacy

- ✓ Your identity will remain completely anonymous.
- ✓ No names will be recorded.
- ✓ No photos or identifying details will be taken.
- ✓ Your responses will be stored securely and used only for academic purposes.
- ✓ Reports will present group findings, not individual identities.
- ✓ The information will not be shared with police, county officials, or organisations in any way that identifies you.

Voluntary Participation and Right to Withdraw

Participation is entirely voluntary; you may withdraw at any time without giving a reason and without penalty or loss of access to any services.

For research-related concerns, contact the principal researcher:

Jemima J. Kolebech

Tel: +**254702795257**

Email: **jkolebech62720@anu.ac.ke**

PARTICIPANT CONSENT SECTION

Please tick (✓) to indicate your agreement:

☐ I agree to take part in this study.

Participant's Signature/Thumbprint: _____

Date: _____

Researcher's Signature: _____

Date: _____

Appendix 2: Structured Interview Schedule

STRUCTURED INTERVIEW SCHEDULE FOR BEREAVED STREET FAMILIES

Study Title: **The Role of the Psychosocial Support Ecosystem in Mitigating Psychological Distress among Bereaved Street Families in Eldoret City, Kenya.**

INSTRUCTIONS TO ENUMERATOR

1. Greet and introduce yourself, and explain the purpose of the study.
2. Assure the respondent that their answers are confidential and no names will be recorded.
3. Read questions slowly, clearly, and exactly as written.
4. Tick responses on behalf of participants.
5. Use Kiswahili where needed to improve understanding.
6. Do not pressure the respondent to answer any question that makes them uncomfortable.
7. Record open-ended responses briefly using the respondent's own words.
8. If the respondent becomes emotionally distressed, pause the interview and offer support or referral.
9. Maintain respect, confidentiality and sensitivity**.**
10. Review the interview schedule before ending to ensure all sections are complete.

Section I: Introduction to the Respondent

Instructions:

Please listen carefully as I explain.

This questionnaire is about the support you received after losing someone close to you.

You will not write your name.

Your answers will remain private and confidential.

There is no right or wrong answer; say what is true for you.

If anything makes you uncomfortable, you may skip it.

Are you willing to proceed?

☐ Yes

☐ No

Section II: Demographic Information

This section collects basic background information of the respondents.

1. Age:

☐ 18–23 ☐ 24–29 ☐ 30–39 ☐ 40 and above

2. Gender

☐ Male ☐ Female ☐ Other (Specify) _____

3. How long have you been living on the streets?

☐ Less than 1 year ☐ 1-3 years ☐ 4-6 years ☐ More than 6 years

4. Where is the main location where you usually stay or operate?

☐ Eldoret Main Bus Terminus (Stage) ☐ Huruma Area ☐ Langas Centre ☐ Kipkaren Centre ☐ Eldoret Town CBD ☐ West Market ☐ Kisumu Road/ Sogomo Area ☐Near the main Dumpsite ☐ Other (specify) _____

5. Have you lost a close person recently?

☐ Yes ☐ No

6. What is your relationship to the deceased person?

☐ Parent ☐ Sibling ☐ Close friend/ peer ☐ Partner ☐ Neighbour ☐ Relative

7. When did the loss of your loved one occur?

☐ Less than 3 months ago ☐ 3-6 months ago ☐ 6-12 months ago ☐ More than 1 year ago

Section III: Level of Psychological Distress

Instructions:

Please indicate how often you have experienced the following feelings since the loss of your loved one.

Scale: 1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always

No	STATEMENT	1	2	3	4	5
1.	I have felt sad because of the loss of my loved one.					
2.	I have felt empty because of the loss of my loved one.					
3.	I have had trouble sleeping because I think about my loved one who died.					
4.	I have felt unsafe since I lost my loved one.					
5.	I have felt lonely after losing my loved one.					
6.	I have felt hopeless about the future since the loss of my loved one.					
7.	I have preferred to be alone since the loss of my loved one.					
8.	I have experienced sudden memories of my loved one who died.					
9.	I have avoided thinking of my loved one who died.					

10.	I use substances (like glue, alcohol, cigarettes) to cope with the pain of the loss of a loved one.					

Part 1: Coping Mechanisms

Part A: Adaptive Coping Mechanisms

This section assesses internal and external strategies the respondent uses to cope with emotional pain after bereavement.

Instruction

Please indicate how much you agree with each statement about how you cope with the loss of a loved one.

Scale: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

No	STATEMENT	1	2	3	4	5
Internal coping Mechanisms						
1.	I have accepted the loss and tried to move forward.					
2.	I have tried to find meaning in the loss of my loved one.					
3.	I have focused on positive thoughts about my future after the loss of my loved one.					
4.	I have found comfort in memories of my loved one.					
5.	I have motivated myself to improve my life after the loss of my loved one.					
6.	I have engaged in personal reflection to understand my feelings following the loss of my loved one.					
7.	I have reminded myself that I am strong enough to cope with the loss.					
8.	I have focused on taking a day at a time.					
9.	I have permitted myself to rest when I feel emotionally tired.					
10.	I have encouraged myself to keep going despite the pain that comes with the loss.					
External Coping Mechanisms						
1.	I talked to peers about how I feel after the loss of a loved one					

2.	I have sought support from family members after the loss of my loved one.					
3.	I use prayer to help me cope after the loss of a loved one.					
4.	I distract myself by keeping busy, so I do not think too much about the loss.					
5.	I allow myself to cry when I remember my loved one.					
6.	I have shared my experiences with others who have experiences loss.					
7.	I have sought counselling after the loss of my loved one.					
8.	I have received emotional support from people in my community after the loss of my loved one.					

11. Are there other ways you cope with grief or emotional pain that have not been mentioned above? Please describe them

_____

12. In your own words, what has helped you cope the most?

_____

Part B: Maladaptive Coping Mechanisms

This section captures maladaptive coping mechanisms used cope with emotional pain after bereavement.

Instructions

Please indicate how much you agree with each statement about how you cope up with the loss of a loved one.

No	STATEMENT	1	2	3	4	5
1.	I use drugs help me cope with the pain after the loss of my loved one					
2.	I have avoided thinking about my loved one completely.					

3.	I have kept away from other people most of the time since the loss of my loved one.					
4.	I do not want to talk about the loss of my loved one.					
5.	I have tried to block my thoughts about my loved one after the loss.					
6.	I have kept myself constantly busy to avoid my sad feelings following the loss of my loved one.					
7.	I have avoided places that remind me of my loved one.					
8.	I have engaged in distracting behaviours to distract myself from the pain after the loss of my loved one.					

Section V: Role of Government Interventions in Distress Mitigation

This section examines the support received from the government and its effectiveness in helping the respondent cope with the loss of a loved one.

Part A: Governmental Programs and Interventions

This subsection assesses awareness, access, and usefulness of government services received after the loss of a loved one.

1. Are you aware of the following government programs/services? (*Please tick all that you know*)

Program/ service	**Aware (✓)**
Children's Department (child protection)	
Street Families Rehabilitation Trust Fund	
Government counselling / psychosocial support	
Uasin Gishu County Social Services	
Hospital mental health services (e.g., MTRH)	
Government rehabilitation/rescue centres	
Family tracing & reunification services	
Government burial assistance	
I am not aware of any government support.	

2. What government services have you received after the loss of your loved one?

Please tick (✓) all government services you personally received.

Program/ service	Received (✓)
Children's Department (child protection) intervention	
Street Families Rehabilitation Trust Fund Support	
Government counsellor / social worker	
Government hospital social worker	
Referral to rehab from the government	
Family tracing services	
Government burial assistance	
I have not received any support from the government.	

3. What type of government support helped you after the loss of your loved one?

Please tick (✓)

Type of Support	Received (✓)
Child protection (rescue, safety)	
Burial or Funeral Support	
Referral to hospital/ mental health services	
Referral to a rehabilitation centre	
Help with documentation and knowledge of rights	
Follow- up support	
None	

4. To what extent do you agree with the following statements regarding the role of government support after the loss of your loved one? Indicate your level of agreement or disagreement.

Scale: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

No	STATEMENT	1	2	3	4	5
1.	The support I received from the government reduced my emotional distress.					
2.	The support from the government came at the right time					
3.	I understood the help I received from the government following the loss of a loved one.					
4.	The support made coping with grief easier.					
5.	The institution followed up after the first help.					
6.	I am satisfied with the help I received from the government after the loss of my loved one.					

7. In your own words, how did government officers or departments help you cope with the loss of your loved one? _____

Section V: Role of Non- Governmental Interventions in Distress Mitigation

This section asks about support you may have received from institutions that are not government, such as churches, mosques, temples, NGOs and hospitals

1. Which of the following institutions supported you after the loss of your loved one? (Tick all that apply)

☐Church / Mosque / Temple

☐Hospital (MTRH or County Hospital)

☐NGO working with street families

☐ I did not receive support from any institution

2. What type of support have you received from these institutions to help you reduce psychological distress after the loss of your loved one? (*Tick all the types of support they received from each institution.*

Type of support	Faith institutions	Hospitals	NGOs
Emotional Support/ counselling			
Spiritual Support			
Material support			
Financial Support			
Medical or mental Support	.		
Follow-up visits			
No support received			

3. Did the institutional support you received help reduce emotional pain or distress after the loss of your loved one? *(Please tick where appropriate*)

Institution	Yes	No	Not Sure
Faith- Based Institutions			
Hospital			
NGOs			

5. 4. To what extent do you agree with the following statements regarding the role of faith institutions, hospitals, and NGOs' support after the loss of your loved one? Indicate your level of agreement or disagreement.

Scale: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

STATEMENT	1	2	3	4	5
The support I received was timely.					
The support helped me cope better with grief.					
I felt respected and understood by the institution.					
I would return to them for help.					
The institution followed up after the first help.					

4. How did these institutions help you after the loss of your loved one?

_____

Section VI: Role of Community Support

The following section contains questions about how community members may have supported the respondent after the death of their loved one. Community includes ordinary people such as neighbours, business owners, market traders, boda boda riders, volunteers, and other street peers.

1. Who among the following people supported you after the loss of your loved one? (Tick all that apply)

☐ Fellow street peers

☐ Market traders,

☐Shop owners,

☐ Boda boda riders)

☐ Neighbours

☐ I did not receive support

2. What kind of emotional support did you receive from the community after the loss of your loved one? (Tick all that apply)

☐ Comfort or kind words

☐ Someone to talk to

☐ Being accompanied or checked on

☐ None

3. What kind of practical/ material support did you receive from the community after the loss of your loved one?

☐ Food

☐ Clothing or blankets

☐ Help with daily needs

☐ None

4. What kind of funeral- related support did you receive from the community after the loss of your loved one?

☐ Money for burial

☐ Helping with funeral arrangements

☐ Transport support

☐ None

5. To what extent do you agree with the following statements about the community support you received after the loss of your loved one? (Tick one option for each)

Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

STATEMENT	1	2	3	4	5
The community was supportive during my time of grief.					
The community helped reduce my loneliness after the loss of my loved one.					
The community support reduced my emotional distress after the loss of my loved one.					
I felt safer because of the community's presence.					
Community support made coping with grief easier.					

6. How often did community members check on you or offer support after the loss of your loved one?

☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Very often

7. In your own words, how did the community help you or (fail to help) you after the loss? _____

Appendix 3: Key Informant Interview Guide

(For Social Workers, Government Officers, Hospital Staff, Faith Leaders and NGO Staff)

Title of Study:

The Role of the Psychosocial Support Ecosystem in Mitigating Psychological Distress among Bereaved Street Families in Eldoret City, Kenya.

INTRODUCTION (To be read to the informant)

"Thank you for agreeing to take part in this interview. I am conducting research for academic purposes, and I am interested in understanding how different institutions and government departments support bereaved street families in Eldoret City. Your insights will be confidential and used only for this study. You will not be identified in the report."

SECTION I: Background Information

1. Can you briefly describe your role in this organisation?

2. How long have you worked with street families or vulnerable populations?

3. What services does your institution provide to street individuals?

SECTION II: Psychological Distress among Bereaved Street Families

4. In your experience, what forms of psychological distress do bereaved street family members commonly show after a loss? (For example, sadness, trauma, anger, substance use, withdrawal, hopelessness)

5. How severe would you say these psychological reactions tend to be among street families compared to the general population?

6. What factors contribute to the emotional vulnerability of bereaved street families? (For example, repeated trauma, lack of support, poverty, stigma, violence)

7. Based on your observations, how do bereaved street families cope with grief?

(For example, peer support, spirituality, substance use, avoidance, isolation, resilience)

8. What positive (adaptive) coping strategies have you seen among them?

9. What negative (maladaptive) coping strategies are most common?

10. What factors influence whether a street youth uses healthy or unhealthy coping strategies?

SECTION III: Government Interventions

11. What government programs exist to support bereaved street families in Eldoret? (Children's Department, SFRTF, County Social Services, hospital social work)

12. How accessible are these services to street families in practice?

13. What forms of support do government agencies provide?
(Counselling, burial assistance, rescue, child protection, referrals)

14. In your assessment, how effective are government interventions in reducing psychological distress among bereaved street families?

15. What barriers limit the effectiveness of government programs?
(Staffing shortages, stigma, bureaucracy, lack of follow-up, lack of funding)

SECTION IV: Non-Governmental Interventions (Churches, Hospitals, NGOs)

16. What role does your institution (or others) play in supporting bereaved street families?

17. What types of support do institutions commonly provide? (Emotional, spiritual, counselling, food, burial support, shelter)

18. How effective do you think institutional support is in helping them cope with grief?

19. What challenges do institutions face when providing support?

20. How do institutions collaborate (or fail to collaborate) with government agencies in bereavement cases?

SECTION V: Community Support

21. How does the local community support bereaved street families? (Business owners, neighbours, peers, local leaders)

22. Which forms of community support seem most helpful to them?

23. What community-level challenges make it difficult to support street families emotionally?

SECTION VI: Recommendations

24. In your professional opinion, what should be improved to strengthen psychosocial support for bereaved street families?

25. What policies, programs, or collaborations would make the biggest difference?

26. Anything else you would like to add that is important for this study?

"Thank you for your time and valuable insights. Your input will help improve understanding of psychosocial support systems for bereaved street families in Eldoret City.

Appendix 4: Observation Checklist

(For Enumerators – Only Observable Behaviours)

Title: Observation Checklist for Field Environment and Visible Behaviours

Purpose: To document visible behaviours and environmental conditions relevant to distress, coping, and support.

Part A: Basic Information

Date: _____

Location: _____

Enumerator: _____

Part B: Visible Signs of Distress (*Tick if the behaviour is directly observable*)

Tearful/watery eyes ☐

Sitting or standing alone away from others ☐

Restless movement (e.g., pacing, fidgeting) ☐

Startled reactions / frequently looking around ☐

Head down, slumped posture, withdrawn body language ☐

Shaking, trembling, or visible tension ☐

Part C: Visible Coping Behaviours (*Tick if the behaviour is directly observable*)

Being physically close to others (sitting together, sharing space) ☐

Quiet sitting (stillness) ☐

Use of substances (glue, alcohol, and smoking) is visible ☐

Engaging in an activity (sweeping, arranging items, making fire, sorting belongings) ☐

Part D: Social Interaction Observed (*Tick if the behaviour is directly observable*)

Interaction with others is friendly (talking calmly, laughing, gentle gestures) ☐

Interaction shows conflict (raised voices, pushing, arguing) ☐

No interaction with others observed ☐

Group members sharing items (food, clothing, objects) ☐

Person receiving assistance (someone handing an item, offering a seat, giving water/food) ☐

Part E: Environmental Conditions (*Tick if it is directly observable*)

Sleeping/resting area appears exposed (no shelter, open space) ☐

Presence of makeshift shelter (cartons, plastic, sacks, structure) ☐

Weather exposure (rain, cold, sun without shade) ☐

Presence of other people nearby (crowded or busy environment) ☐

Visible hazards (traffic, sharp objects, unsafe structures) ☐

Part F: Notes (*Describe briefly only what you can see*)

_____

_____

_____

Appendix 5: University Research Authorisation Letter

AFRICA NAZARENE
UNIVERSITY

P.O.Box: 53067 – 00200
Nairobi, Kenya.
Tel: 020 252 7170/1 – 5
Email: vc@anu.ac.ke
www.anu.ac.ke

26th March, 2026

Dr. David Ngigi
Ag. Director General /CEO
National Commission for Science & Technology
And Innovation (NACOSTI)
Off Waiyaki Way, Upper Kabete
P. O. Box 30623 -00100
Nairobi, KENYA

Dear Sir,

RE: RESEARCH PERMIT: Jemima Kolebach (Student ID#110062720)

This is to confirm that Jemima Kolebach (Student ID# 110062720) is a bona fide Master of Arts student at Africa Nazarene University (ANU), School of Humanities and Social Sciences (SHSS). She is pursuing Master of Arts in Counselling Psychology, a program that entails both coursework and thesis.

Jemimah successfully completed her coursework and defended her thesis proposal entitled:

"The role of Psychological support ecosystems in mitigating psychological distress among bereaved street families in Eldoret City, Kenya."

We kindly request that she be granted the necessary research permit to facilitate data collection and the successful completion of her thesis. Any assistance provided to her in this regard will be highly appreciated.

Faithfully,

Prof. Simon Obwatho
Deputy Vice Chancellor – Academic & Student Affairs

Appendix 6: NACOSTI Research Licence

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **763484**

Date of Issue: **10/April/2026**

RESEARCH LICENSE

This is to Certify that Miss.. JEMIMA JEMUTAI KOLEBECH of Africa Nazarene University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Uasin-Gishu on the topic: THE ROLE OF PSYCHOSOCIAL SUPPORT ECOSYSTEMS IN MITIGATING PSYCHOLOGICAL DISTRESS AMONG BEREAVED STREET FAMILIES IN ELDORET CITY, KENYA. for the period ending : 10/April/2027.

License No: **NACOSTI/P/26/4187617**

763484

Applicant Identification Number

Ag. Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

Appendix 7: Uasin Gishu County Approval

JEMIMA JEMUTAI KOLEBECH

110062720

jkolebech62720@anu.ac.ke| +254702795257| 739, 30100. ELDORET. KENYA

Date:16th April 2026

To,

The Chief Officer,
Department of Gender and Social Protection
Uasin Gishu County Government
P.O. Box 40–30100
Eldoret, Kenya

Dear Madam,

RE: **REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN ELDORET CITY, UASIN GISHU COUNTY**

I am a postgraduate student at Africa Nazarene University conducting a study titled:

"The Role of the Psychosocial Support Ecosystem in Mitigating Psychological Distress among Bereaved Street Families in Eldoret City, Kenya."

I kindly request permission to collect data within Eldoret City, specifically among bereaved street-connected families and selected county officers involved in psychosocial support services. The study involves interviews and observations and will adhere strictly to ethical guidelines, ensuring confidentiality and voluntary participation.

The findings will be used solely for academic purposes and may also contribute to strengthening psychosocial support programmes in the county.

Attached are:

A copy of my university introductory letter and ethical clearance documents

I will appreciate your approval to proceed with the research.

Thank you for your consideration.

Yours faithfully,

Jemima Jemutai Kolebech
MA Counseling Psychology Student
Africa Nazarene University

Appendix 8: Eldoret City Map